ENDING PHYSICIAN, The low-hal as attending physician.

076716

STATE OF MARYLAND

REG. NO.	3	4	15	5
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05	FOR STATE RESSTRAR		DEPA		HEALTH AND MENTAL HYG	15 /	3 5 4	3 5
DE	DECEASED NAME	FIRST	MIDDLE		LAST	REG. N	MONTH DAY	YEAR 26 HOUR
	THE CHANNE	anno	Marie	Cak	alaua	70 DATE OF DEATH	15 38	87 415
3.	SEX	4 RACE		S DATE O	OF BIRTY	6 AGE (IN YEARS LAST BE		ERIYEAR IF UNDER 24
	7	L 4		MONT 5		87	MONTHS	DAYS HOURS A
02 17	BIRTHPLACE STATE	OR FOREIGN 7b CIT IZ	EN OF WHAT COUNT		01 00	9 BALTIMORE CITY	YRS (ATH
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¥ =	1		01003		1771-5-771		V	APPROXIMATE INTERVAL
Ť.	PART I. DEATH	ATH (Enter only one co WAS CAUSED BY	ouse per line fai (a), (b	i, and ici.	^ .			BETWEEN ONSET AND DE
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T T		DUE	E TO OR AS A CONSE	EQUENCE OF				
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2	gave rise to	immediate	0					/
2	underlying car		E TO, OR AS A CONSE	EQUENCE OF			100	
à			(c)					
8 2		IGNIFICANT CONDITION	ONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COM	NDITION GIVEN IN	PARI I a
artin S	9	Demen	2					
5	190 DATE OF OPE	RATION 19b	CONDITION FOR WH	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE	FINDINGS USED CAUSES OF DEATH?
						YES NO	YES T	NO [
1	21a, ACCIDENT WAS	UNDERLYING 716.	TIME OF INJURY		21c. HOW INJURY OCCURE			
-	OR CONTRIBUTING	CAUSE OF DEATH HO	DUR A.M. MONTH	DAY YEAR				
27/3	(IF EITHER NOTIFY M		P.M.	19				
7	21d. INJURY OCC		PLACE OF INJURY		21f LOCATION	CITY OR T	OWN CO	onty stat
20/ 2	NO	WHILE WORK	TOME STREET, PACTORY, OFF	FR.E, FARM, ETC.)	3,466,			
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ñ	abov. (IV) we	(did) (did not) view th	ne hady alter death	192 , a	nd that in (my) (aur) opinion	death occurred an the o	dote and hour and I	om the couses state
6	226. SIGNATURE				DEGREE		22	DATE SIGNED
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5-	step	4	7	100	-	DIRECTOR PHYSI	ICIAN 🗌	14/28/2
A CORTA	<1.	NAME (UPE OR PRINT)	Sikorsk	f	908 Wash	reton Rd.	Westain	sto the
3 1 73	ie: BUPJAL, CREMATIO	N, REMOVAL 236 D	ATE I	23c NAME OF C	EMETERY OR CREMATORY	234 LOCATION	. /	./ ^
	Burial	12.	30-1957	Westain		MISTAINST	1- COUN	
		11	/	PUETINI	III. COME TO	100011		
7/84	FUNERAL DIRECTOR	1111 0	11 - Singer	FSS /	A CHEC	3 OBIGRA	RISH REGISTRAPS	Sicritorist and
1/	homas il.	HEtcher 2)W	h Westain	15/0-	M.	0 0 1001		

DHMH - 16 60M 7/84 (VRA 15, 4)

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215	FOR STATE REGISTAR		STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	5 / REG. No. 5	4 3 6
	ECEASED NAME FIRST PE OR PRINT) ES; E	A RACE	BAIR 5. DATE OF BIRTH	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR 7 16 UNDER 1 YEAR 16 UNDER 24 HRS MONTHS BAY'S HOURS MIN.
26	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUN Carrul	
6	estmivsten Jastesidence is mursing nome or	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET ALL CAN MULT COLN	HOME OR OTHER INSTITUTION DORESS) HUSPITAL	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Banking	126 KIND OF BUSINESS OR
13a	ID. COUR Cat	rroll Westmins	134 INSIDE CITY LIMITS? YES X NO 1		21157
edicole and 16a	Charles WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES OR	MIDDLE King King MED FORCES? 166 SOCIAL SECUR VEWAR OR DAIES] 212-03-4	Clara ITYNO. IT INFORMANT 1019 Robert A	Manchester, Bair, 3314 I	Phillips Md. 21102 ineboro Rd.
or other troumotic event, the	DADT I DE ATH WAS CALISE	nly one couse per line for (o), (b), and (b) BY. TE CAUSE (o) CANGE DUE TO, OR AS A CONSEQUER	NCE OF CLEROTIC HEAR	EMILURE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH WEEKS YEARS
ony injury,			EATH BUT NOT RELATED TO THE TERM NOT Y DISCASE PERATION WAS PERFORMED	RENAL F	FALLING FALLIN
and Mentol I	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE		Y YEAR 19 211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM I	(COUNTY STATE
ould be defoched for use us in the Store Dept of Health or PORTANT; if hem 21 is mork	sow the deceased alive or	atiview the body offer death	DEGREE ATTENDING	, 10 /2/25 death accurred on the date and h MEDICAL STAFF DIRECTOR PHYSICIAN	19 22. that (Is (we) last love and low the causes stated 122c DATE SIGNED 12/36/89

BP. DHMH - 16 60M 7/84 (VRA 15, 4)

730. BURIAL, CREMATION, REMOVAL (SPECEY)
Burial
24 FUNERAL DIRECTOR 23h DATE 12/28/87 231 NAME OF CEMETERY OR CREMATORY

23d LOCATION

Evergreen Memorial F Robert K. Pritts, Westminster, Md.

Finksburg Carroll MD

D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

1987

Fig. of Bare Martiner TELET HE LOOK ON A VOICE LINE OF THE PARTY O The state of the s

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF ESTI-DATE OF BIRTH & AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE (AST BIRTHDAY) PRONOUNCED DEAD YRS BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED 12h KIND OF BUSINESS 12ª USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY FOR MOST OF WORKING LIFE! 13d INSIDE CITY LIMITS? H. FATHER'S NAME 15. MOTHER'S MAIDEN NAME 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 7 INFORMANT WITH FOI DIVISIO (YES, NO, OR JUNKNOWN) (IF YES, GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). HIEF MEDICAL EXAMINER ALONG W USED AS A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D PIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? CERTIFICATE, WRITING THE WORD "F UULD BE FORWARDED TO THE CHIEF L DIRECTOR: PAGE 3 SHOULD BE SEED 4. WITH THE STATE DEPARTMENT OF HI MARYLAND, 21201 PRIOR, TO SHAHAL, YES [] NO 21g EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211 LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN COUNTY STATE EXECUTE THE CERTIFICATE,
PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: PA
THER DEATH, WITH THE SI
BALLIMORE, MARYLAND, 2 22a I certify that I took charge of the remains described obove, held an Autopsy Inspection Inquiry and in my apinion Undetermined monner deoth resulted from: Accident Suicide Homicide Notural causes (TYPE OR PRINT) 23g BURIAIOCREMATION REMOVAL 07/84 BP 25M 24. FUNGRAL DIRECTOR **DHMH - 17** (VR A15 ME (5))

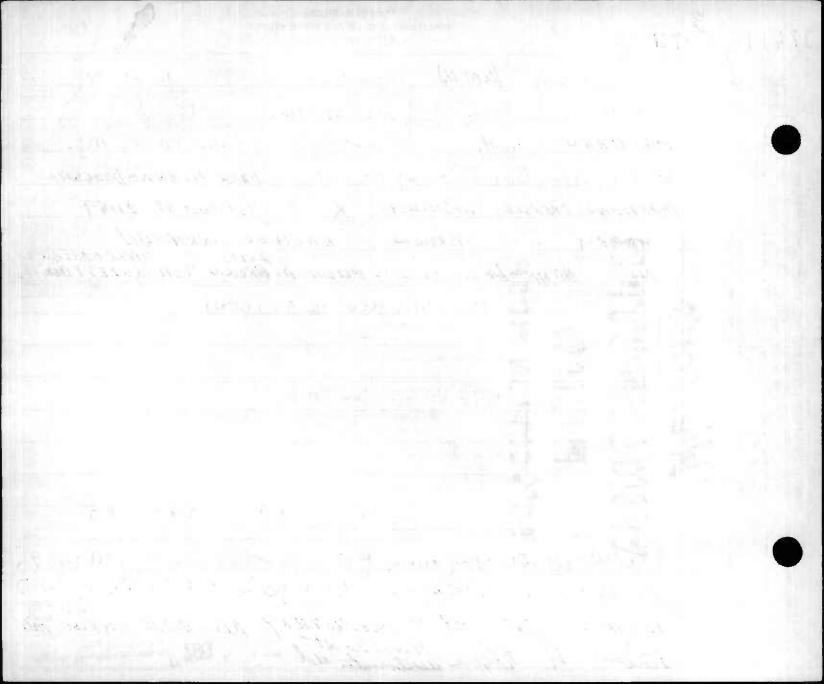
STATE OF MARYLAND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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24 8	10 C1	TY OR TOWN OF DEATH	н 1			ING HOME C	R OTHER INSTITUTION		JAL OCCUPAT	ION	126		BUSINESS OR
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S I S		AS DECEASED EVER IN			166 SOCIAL SE	CURITY NO.	17 INFORMANT	2077					RLBORO -
Pogo Medi	(,	ES, NO OR UNKNOWN)		olice dale	212-32	-2786	MEZUIN A	- BROW	WN 9	211 0	ROCK	ETT	PAXE
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w re been mit.	CERTIFICATION	190 DATE OF OPERATE	ON	136 COND	ITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200	AUTOPSY?				GS USED OF DEATH?
hos per lo	Ē	70.14						YES	0 NO		YES 🗌	, AUJES (NO 🗆
sicro	1	21a. ACCIDENT WAS UNDE	RLYING	21b. TIME C			21c HOW INJURY OCC	CURRED (EN	TER NATURE OF INJ	URY IN ITEM TE	PART TOR	PART 2)	
Clan apply a phy might of the middle of the		OR CONTRIBUTING CA		n l	.M. MONTH	DAY YEAR	100						
ding ding wis cell burid	MEDICAL	(IF EITHER NOTIFY MEDICA			OF INJURY	19	211 LOCATION				500		
the the ond	¥.	WHILE NOT WHILE		(AT HOME ST	REET, FACTORY, OFFIC	E FARM, ETC.)	STREET		CITY OR T	OWN	COI	UNIY	STATE
Afte os mork		220.1 certify that (I) (al) attended th	ne deceased trav	11-1	3- 10 8	20 10	11-2	9-	10 8	- 7.	hot (I) (we) lost
DOR. Truss							nd that in (my) (our) opin	nion death oc	curred on the	date and he	out and fr	0	
ATT ospirit d fo d fo m 2		sow the deceased above, (I) (we) (dis 22b. SJGNATURE	d) (did not	view the body	ofter death.		DEGREE					DATES	
F he Dep		228. SIGNATURE		0.4.			AL THENDING	G _MEDI	CAL ST	AFF _	1	111	3 - 1 0
77 752 2 1	1	Comme	LU.	Solly 1	ration	wa	PHYSICIAN	N DIREC	TOR PHYS	ICIAN	1_	,,,	59165
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T 6 E 2 3 3	23a.	BURIAL, CREMATION, R	EMOVAL	23b. DATE	1600 23	NAME OF	EMETERY OR CREMATO	RY 23d.	LOCATION CITY OR TOWN	410	COUN	TY _	TALL
BP		DUKIAL		DE 2	1981	57.JAY	NES COMETER	1	VEWWI	NUSON	Con	ERU	ul mo.
DHMH - 16 60M 7/B4	24 F	UNERAL DISECTOR	1	01	1	3/1/11	lis st 250	DATE REC P	BY REGISTRA	R 25b PECI	STRAP'S	SIGNAT	JRE
(VRA 15, 4)		TAlle	12/	- 1/4	en li	ista	to MI	WATO A	0 120	1 June	-www.	Con'-	Mandalle.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

Marin VI w		EASED NAME PRIST	WIDDLE	BROW	A / OF	TE KNOWN MONTH	2 10 87 195D
on street	D SEX	ALE WIN 195 "	ATE OF BIRTH	MONTHS DAYS		ATE MONTH	DAY YEAR 2d HOUR 2 1872117
ECESSA MINERAL	100	Biffai cross-cross	CITIZEN OF WHAT COUNTRY? United States	8. MARRIED NEVE	ER MARRIED . 9. BALT	CAN.	NOLL County,
PAGE 3	2000		NAME OF HOSPITAL, NURSING HOMI (IF NOT IN SUCH EACHLITY, GIVE STREET ADDRESS)			WORKING LIFE)	126 KIND OF BUSINESS OR INDUSTRY Auto Body Shop
AND 3 TO METAN STAND STA	134,57		Geo. IN THE ONLY ADMIN		Y LIMITS? 13# STREET ADI		
10261		THER'S NAME	Brown	£1013	'S MAIDEN NAME herine	MIDDLE	Available
2	160. V	AS DECEASED EVER IN U.S. ARMED			ne L. Brown	General Deli Tall Timber	very rs,Maryland
No le		III. CAUSE OF DEATH (Enter only on PART I DEATH WAS CAUSED BY.	MOITH	CARTI	R ARI	REST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
NCIL IN THE MINER ALC TRANSIT PE NTAL HYGH EMOVAL		Conditions, if any, which gave rise to immediate course (a) stating the under-	DUE TO, OR AS A CONSEQUENCE	NG ON	Foor		14+40+
CECUTED T IN PE AL EXA BURIAL ON OF R		lying couse last.	IBUTING TO DEATH BUT NOT RELATED TO THE TERM		CIVÊN SU BARY Y		
MEDIC MEDIC AS A ALTH A	TION						
SHOULD SH	CERTIFICATION	1% DATE OF OPERATION	198. CONDITION FOR WHICH OPER	RATION WAS PERFORM	ED?		20 AUTOPSY?
PHCATE WO TO THE WO TO THE WO TO MANAGED IN		210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	21b TIME OF INJURY HOUR A.M. MONTH DAY YEAR H P.M. 19		OCCURRED (ENTER NATURE O	F INJURY IN ITEM 18 PART 1 OR PAR	12)
HIS CER WARTING VARDED AGE 3 SI NOT PRIO	MEDICAL	WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	21f. LOCATION STREET	CITY OR	RTOWN	INTY STATE
MINER: TEATE FORM THE ST. THE		22s. I certify that I took charge at the death resulted from: Natural ca	the remain described above, held on	Autopsy ,	Inspection (1), Inquide Undetermined		inion
AL EXAM HE CERT HOULD AL DIRE TH, WITH		ACTUAL SIGNATURE OUT	29 lebbuer	M. ASS)	CIDEP MEDICALEY	DATE SIGNE	12-2-87
MEDIC GE 4 S GE 4 S FUNEX TER DEA		EXAMINER'S NAME TAND	EL I. WELLIV	EL ADDRESS_	LI8 WAS	YINSTER	MARYLAND
BP	(5		.5,1987 Gate of	METERY OR CREMATOR Heaven Cem	etery Silve	r Spring, Mon	it., Maryland
DHMH · 17 (VR A15 ME (5)) 15M 7/77		NERAL DIRECTOR NAME all Funeral Home	16000 Annapolis R Bowie, Maryland 2	nad	DEC - 8 198	- 1 1	Palas

DEC - 8 1987

The second of th AND LIMITER SALE ABOUT A PRESIDENCE OF THE PERSON FORCE, TO THE THERE

Union Bridge, MD

DHMH - 16 3/72 25M

(VR A15 (4))

D. D. Hartzler

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STATE OF MARYLAND

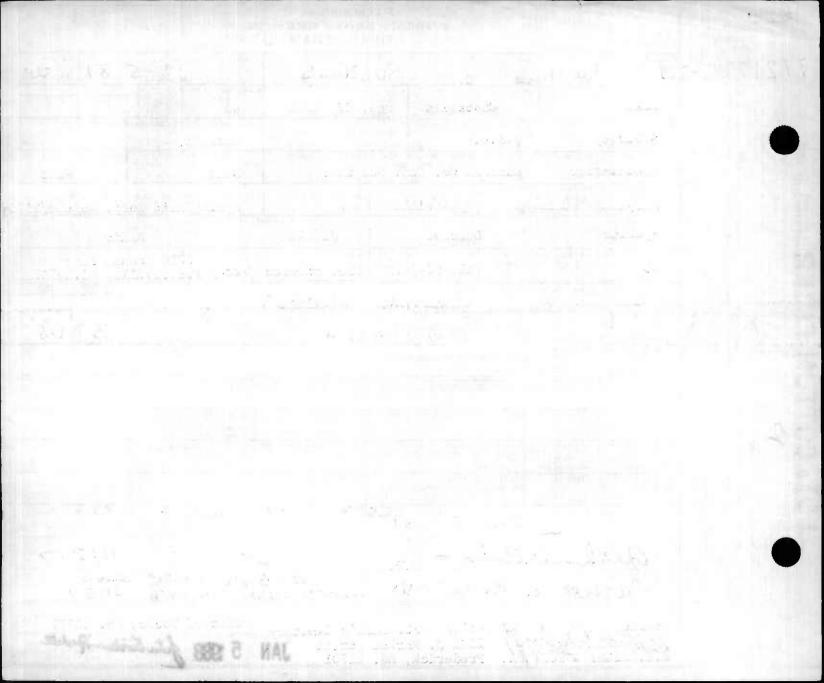
Melath with 1887 8 VIII

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH I. DECEASED NAME BURROWS IF UNDER I YEAR IF UNDER 24 HRS AGE (IN YEARS LAST BIRTHDAY) Jan. 29, 1921 Male Caucasian BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE ISTATE OF FOREIGN MARRIED NEVER MARRIED N.Jersey U.S.A. Carroll. DIVORCED [WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 178 USUAL OCCUPATION 176 KIND OF BUSINESS OR ID CITY OR TOWN OF DEATH None INDUSTRY Carroll Co. Gen. Hospital Westminster None SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE 13e STREET ADDRESS / ZIP CODE Carroll Sykesville 134 INSIDE CITY LIMITS? 3a STATE Springfield Hosp. Center/21157 Maryland YES KT 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME Spencer Stella Burrows Blair 2710 Boones Lane 17 INFORMANT 166 SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? IN YES GIVE WAR OR DATES! 220-96-8473 Mrs. Delores Murray Forestville. Md.20747 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I, DEATH WAS CAUSED BY: ARREST IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF 3 DAYS VEUMONIA Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19% CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 70s AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES X TIL HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 718 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINERS 211 LOCATION 214 INJURY OCCURRED TIE PLACE OF INJURY COUNTY STATE CITY OR TOWN (AT HOME STREET FACTORY OFFICE FARM ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from... DECS 19 87 and that in (my) (our) apinian death accurred on the date and haur and from the causes stated saw the deceased alive an above, (I) (we) (did) relativistic the body after death. DEGREE 221 DATE SIGNED 77b. SIGNATURE 12/5/87 ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS BLVD BALTIMORE 日本日 2115 73¢ NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 236 DATE Point Of Rocks, Md. 21777 Burial 12-9-1987 St. Paul's Cemetery 1201 Nas Market Street DHMH - 16 60M 7/84

Frederick, Md. 21701

(VRA 15, 4)

STATE OF MARYLAND



BP. DHMH - 16 50M 1/76 (VR A 15 (4))

7398,6

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

LAST

MIDDLE

26 HOUR

REG. NO. 20. DATE OF DEATH

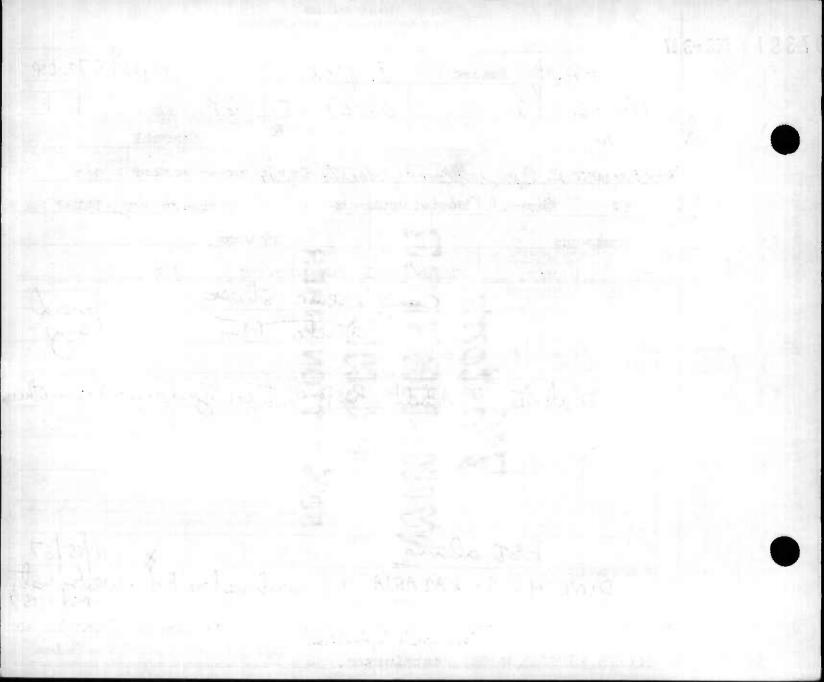
-3 ON		AME FIRST				AST	20. DATE OF DEATH MON		26 HOU
-	TYPE OR PRINT)	AGNE	ES	ADELE	E	BUTCHER	DEC 2	1987	10
3	SEX		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDA		
	Fer	nale	Whit	e	Feb		83	MONTHS DAY	S HOURS
-		ISTATE OR FOREIGN		WHAT COUNTRY?	0		9 BALTIMORE CITY OR C	OUNTY OF DEATH	1
5 5	COUNTRY)		U.S.			D NEVER MARRIED	Carroll C		
5		yland WN OF DEATH			WIDOWE	DROTHER INSTITUTION	120 USUAL OCCUPATION		OF BUSINE
Ties III		1	(IF NOT IN SU	CH FACILITY, GIVE STREET	ADDRESS)		(TYPE OF WORK FOR MOST OF WO	ORKING LIFE) INDUSTR	ome
		NCE (IF NURSING HOME O	12003			l .	Homemaker	110	Jille
	30 STATE	136. COL	YTM	13c. CITY OR TOW	N	134 INSIDE CITY LIMITS?	13e. STREET ADDRESS		010
	Maryla		21239	Baltimo	ore	YES XX NO	6029 Falk	irk Road	212.
200	FATHER'S N		MODIE	1487		15 MOTHER'S MAIDEN NA	ME	Q.L.	roh
200	Jame			Powers		Jane			ron
16	WAS DECE	ASED EVER IN U.S. A	RMED FORCES? VEWAR OF DATEST	CONTRACTOR OF THE PARTY OF THE		17. INFORMANT	ADDRESS		
10	No			212-24-	8121	Joseph B. H	Powers, Jr.	Glyndon	, MD
2	III. CAU	E OF DEATH Enter of	niv one couse p	er ine for (a), (b), and	d 6			BETWEE	DX MATE PITER IN CHOSE I AND
and a	PART	L DEATH WAS CAUS	ED BY.	FRE	has	Vascular	Acciden	& Jun	219
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5	24 HOUR TIEM 18. ONG W PERMIT. SIENE, D		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PARTIDEATH WAS CAUSED BY: ON ONTE OV PINOTIME & LEAN NO.	NEWEEN ONSET AND DEATH
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201 W	OR JARVA	100	cause (a) stating the <u>under-</u> lying cause last. DUE TO, OR AS A CONSEQUENCE OF	
201	UD BE EXECUTED WITHIN 24 HOUR PENDING" IN PENCIL IN ITEM 81 F MEDICAL EXAMINER ALONG W D & A BURAL, TRANSIT PERMIT, HEALTH AND MENTAL HYGIENE, D I, CREMATION, OR REMOVAL.	20	<u>γιιι ο coose iosi.</u>	
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	ATE, ORV		270 I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion	on
	A STANTAN		death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner .	
	CAL EXAN THE CERTIF HOULD B ATH, WITH RE, MARYI		TONE (SPECIFY)— 4-0	1 - 7. 14
	# 0 3 ± .		ACTUAL SIGNATURE M.D. STEP MEDICAL EXAMINER SIGNED	12-50-81
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	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR IT O FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BALTIMORE, MARYLAND.	73e 9	(TYPE OR PRINT) ADDRESS ADDRESS 23d, LOCATION 23d, LOCATION 23d, LOCATION	1 W/W/
		1	1-2-88 So. E. J. Cenela CHAMPA - 16	10. 11
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		STATE OF MARYLAND		
- STATE	DEP		HYGIENE 3.5	4 4 5
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1. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
MALE	W	02 01 18		
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-	AT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OF CONDITION O	SIVEN IN PAR 110
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E DATE OF GREATION	The Condition of the	THE TENANTON WAS TEN OWNED		TIFYING CAUSES OF DEATH?
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OR CONTRIBUTING CAUSE	OF DEATH	19		
TIE INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
MILE NOT WHILE				
220.1 certify that (1) (this		rom, 19	to	
abave, (1) (we) (did) (a	lid nat) view the bady after death.		nan death accurred on the date and h	aur and from the causes stated
27h SIGNATURE	DXD ala	ATTENDIN	G _ MEDICAL _ STAFF &	11/15/87
224 PHYSICIAN'S NAME	TYPE OF PRINTS		N DIRECTOR PHYSICIAN	1010
DINE	3H. S. KA	LARIA 908 WO	shington Rd	· Westmush
	DVAL 23b. DATE	231. NAME OF CEMETERY OR CREMATO	DRY 23d LOCATION	COUNTY STATE
DULT AL	11/18/87	Meadow Branch	Westminst	er Carroll Mo
24. FUNERAL DIRECTOR	ti im i	300 11 50 250	DATE REC'D. BY REGISTRAR 256. REG	ISTRAR'S SIGNATURE
NAME.	T Z ADD	RESS POL 130	10V 2 3 1987 Auto	Tree A . A .
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MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1 -	STATE REGISTRAR				CERTIFI	CATE OF D	EATH 5	1	REG. NO.			
3	1.010	EASED NAME	FIRST	٨	AIDDLE	LA	NS1		2a DATE OF DI		HINC	DAY YEAR	2b. HOUR
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	Female Cauc.					Fe		1908	79		YRS.	MONTHS DATS	MUV.
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11	courrenn USA					WIDOWE		ORCED		roll			MD.
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7:	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 138 STATE 138 COUNTY 139 CITY OR TOWN Westminster 130 No 12							NO 🖹		DRESS Turk	eyf	oot Rd	. 21157
6	MATER	THER'S NAME Hender	son"	IDDLE	Kiďv	vell		MAIDEN NAM		MIDDLE		Per	ry
	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECUR						17 INFORMA	NT	1999	ADDRESS	5		
/	(1	ES, NO OR UNKNOWN)		a	216-10	0-2501	Arthu	ur Dal	ton, J	r.	13 e		ET CALL
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i ked or	MEDICAL	WHILE NOT WE AT WORK		21e. PLACE (AT HOME, ST		FFICE, FARM, ETC.)	211 LOCATIO	DN	c	ITY OR TOWN		COUNTY	STATE
SE SI		22a I certify that (I)			e deceased f			_, 19	, to				that (I) (we) last
7 .		saw the decease above, (1) (we) (c	ed plive on a did) (did not) view the body	after death.			(our) opinion (death occurred	on the dote	e and hou	or and from the	
a a		22b. SIGNATURE		11			DEGREE	ATTENDING	MEDICAL _	STAFF		22c. DATE	SIGNED
<u> </u>				8. K.	ruses	er	122e ADDRES	PHYSICIAN [DIRECTOR	PHYSICIA	AN []	12/13	787
A L		22d. PHYSICIAN'S NA		KAM S	LER				14 suc 70	IN ST	, 60	=TTYJB"	NG,PA
S	23a E	BURIAL, CREMATION,	REMOVAL		2 /0 =	23c NAME OF C			23d. LOCATI CITY OR T	OWN		COUNTY	STATE
. 111		s Burial		12/18		Loudon				imor			MD •
	24. FI	obert K.	Prit	ts, S	ingtor	stmins	ter, I	MD DEC	2219	37. A	ula.	TRAR'S SIGNAT	URE

DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplelely filled in by the funeral director, page 3 should be detached for use as the burnal-transit permit. Then please remaye carbon papers. Pages I and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or remoyal.

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(VRA 15, 4)

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DEC 30

STATE OF MARYLAND

FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

4 4 5

ш	REGISTRAR			REG. NO.	
Ī	DECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
1	Jos	seph G.	DECASTELLANE	December 25,	1987 3:00P M
3	SEX	4 RACE	5. DATE OF BIRTH	& AGE IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
L	Male	White	Oct. 22, 1911	76 YE	
17	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTE	RY? 8. MARRIED NEVER MARRIED	BALTIMORE CITY OR COU	NTY OF DEATH
1	Poland	USA	WIDOWED DIVORCED	Carroll Co	
1	Mt. Airy	(IF NOT IN SUCH FACILITY, GIVE STR 210 Ridge	eville Blvd.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN President- Me	126. KIND OF BUSINESS OR INDUSTRY edical Inst. Co.
200	JSUAL RESIDENCE (IF NURSING HOME C 30. STATE 136 COU Mt.Airy Carr	JNTY 13c. CITY OR TO	OWN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO 210 Ridgeville	Blvd. 21771
J.	FATHER'S NAME FIRST unknown	MIDDLE LAST Decaste	llane Is MOTHER'S MAIDEN N. FIRST	MIDDLE	unknown
1	MAS DECEASED EVER IN U.S. A			ADDRES 155	Alden Dr. RFD 1
L	No	073-26-	2214 Steven M. Dec		wster, Mass. 0263]
	PART I. DEATH WAS CAUS		and ich white cardis v	undodesies o	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ı	IMMEDIA	ATE CAUSE (a)		1410 00012	111
	Conditions, il any, which	DUE TO, OR AS A CONSEC	DUENCE OF		
ı	gave rise to immediate cause to), stating the	(b)	DUENCE OF		
İ	underlying cause last	DUE TO, OR AS A CONSEC	QUENCE OF		
ı	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING 1	TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART 110
	NO.				
	190 DATE OF OPERATION 2)0. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHI	ICH OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \(\begin{align*} \text{NO} \(\ext{T} \ext{NO} \(\ext{T} \ext{T} \)
1	7)0. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
ı	OR CONTRIBUTING CAUSE OF DE	EMIN	19		
	OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED	21e PLACE OF INJURY	21f LOCATION	CITY OR TOWN	COUNTY STATE
	WHILE NOT WHILE AT WORK	LAT HOME STREET, FACTORY, OFFIC	CE PARM, ETC.)	(5141
	saw the deceased alive a	pital) ayended the deceased from I D 19 attivities the body after death		2 , to 25 25 and death occurred an the date and	hour and from the couses stated
L	226. SIGNATURE	71/ 2	DEGREE		224 DATE SIGNED
	James (1. Know Mil	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	Dec.26, 1987
1	22d PHYSICIAN'S NAME (TYPE		22e ADDRESS		
	James P	. Kerr, M.D.	26618 Rid	ge Rd., Damascu	s, Md. 20872
2	30 BURIAL, CREMATION, REMOVA		31. NAME OF CEMETERY OR CREMATORY	CHY OR LOWN	COUNTY STATE
L	(SPECIFY) Cremation	Dec.28,1987	Westview	Baltimore,	Maryland
2	FUNERAL PRICIOL. Mol	esworth, P.A.D	amascus, Md. 250 DA	TE REC'D. BY REGISTRAR 251 REC	
1			Ut	1629 1987	

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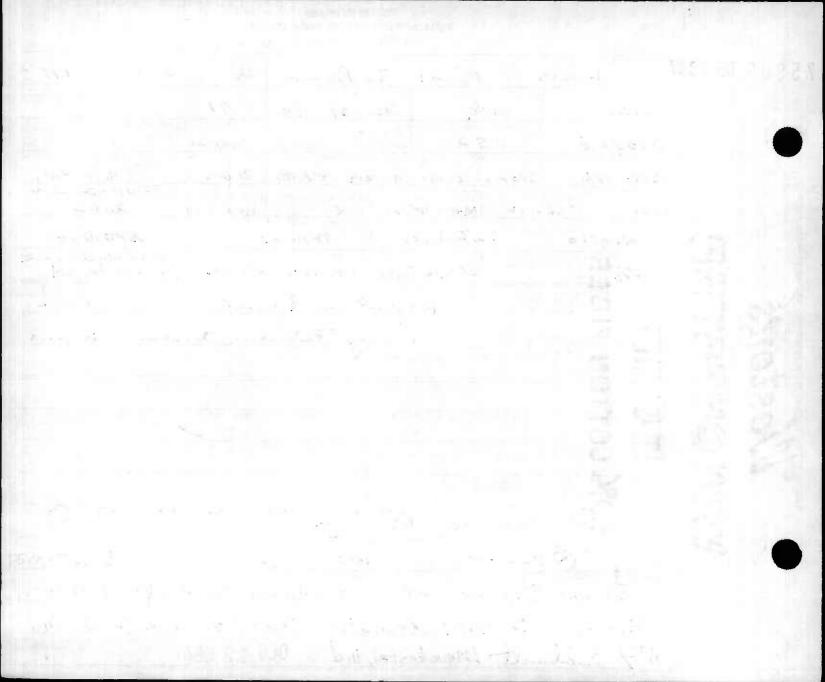
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

13	i.	4	8
47	-		-

	REGISTRAK				REG. NO.						
	CEASED NAME FIRST	MIDDLE	LAST		to british or bertill	INTH DAY YEAR	26 HOUR				
360	Loui	5 Michael	DE PAL	MER	12/ 18	2 20 87	4:15				
3. 51	X	4 RACE	5 DATE OF BIRTH		& AGE IN YEARS LAST BIRTHD.						
	male	while	MONTH DAY	O9	77	YRS MONTHS BATS	HOURS MIN.				
70 1	IRTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER	AABBIED []	9 BALTIMORE CITY OR C	COUNTY OF DEATH					
	MARYLAND	U.S.A.		VORCED	CARROLL		M				
10 (ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSII	NG HOME OR OTHER INS	TITUTION	12a USUAL OCCUPATION		OF BUSINESS OF				
110	STMINSTER	CARPOLL COUNTY		SPITAL	REDAIL	Auto					
	AL RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR	E ADMISSION)	ITY LIMITS?	136 STREET ADDRESS / Z	3234 MAIL	Den LAne				
1		ROLL MANCHE		NO [BOX 184	2110	2				
AICE	ATHER'S NAME		15 MOTHER	S MAIDEN NA	ME						
1	Angelo	De Pal'm	er r	HAVIE.	MIDDLE	NARd	one.				
160	WAS DECEASED EVER IN U.S. A					3234 MAIC	ten LANE				
/	(YES, NO ORAINIKNOWN) IF YES O	259-09-	9686 MAN	y Lou L	EPAlmer V	nancheste	. led				
	18 CAUSE OF DEATH (Enter of	anly one cause per line for (a), (b), a		+			DXIMATE INTERVAL N ONSET AND DEATH				
	PART I. DEATH WAS CAUS	ED BY	spiration	Pro.	unania		1 week				
	IMMEDIA	are exose (a)	1								
1	DUE TO, OR AS A CONSEQUENCE OF PORTS										
1	Conditions, if ony, which gave rise to immediate (b) Notage Parkins me Disease 6 years										
-	cause (at, stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF										
	(c)										
1,	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
TION I					Tan	ON IF YES WEDE SHIP					
7 2	198. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFO	DRMED		NO IF YES, WERE FIND					
SIÈ	19-11-11-11-11				YES NO	YES 🗌	NO 🗌				
3 2	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D			NJURY OCCUR	RED (ENTER NATURE OF INJURY II	N ITEM 18 PART (OR PART ?)					
7 3	(IF EITHER NOTIFY MEDICAL EXAMIN		19								
MEDIC	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATI		(ITY OR TOWN	COUNTY	STATE				
*	WHILE NOT WHILE	TAT HOME, STREET PACTORY, OFFICE,	FARM, ETC.)								
		pital) attended the deceased from,	04 1	19 87	10 Dec 2	0 19 87	that (II we) la				
2	saw the deceased alive a	in Dac 20 19		Paur) apinian	death occurred on the date	and hour and from th	ne couses stated				
	obove, (I) (we) (did) (did not) view the body ofter death. DEGREE 220 DATE SIGNED										
	W.										
4	1.		NO		DIRECTOR PHYSICIA	NU DEC	c. 20 19				
/	224 PHYSICIAN'S NAME (TYPE		22e ADDRE		0.1	A					
	Steven	Sharter m	10 211	1 Lano	ren Piter Ha	refished (mg 5102				
23a	BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR	CREMATORY	23d LOCATION	1 done	. terare				
	BUVIA	Dec. 23, 1987	Vew Luthan	au Cem	1000	ster (Arrol	1 aid				
	THE PAL DIRECTOR		1			A DECISTRADIS SIGNI	ATURE				
	N=1.5.00	MANCE	ester lid.	UE	U 2.2 1987	Lia J. War	he broken				
	M. J. Latele	and primited	EDIEN, MIC.	00	44 1301	2					



STATE OF MARYLAND NE

DEPARTMENT	OF	HEA	LTH	AND	MENTAL	HYGIE
CE	RTI	FIC.	ATE	OF	DEATH	8

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EG. NO.	100			

74	2211	DEC -	187	FOR STATE REGISTRAR		DEPART		ICATE OF DEATH	REG. N	5 4	4 9	1	
			I. DEC	CEASED NAME FIRST		WIDDLE		AST	2e. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	
13	moy be page 3		(1	CHARL	ES p.	, I	DREXL	ER	12-04-87			8:58 Am	
	mo)		3. SE)		4. RACE		S. DATE O		6. AGE (IN YEARS LAST BIR	THDAY) IF UN		IF UNDER 24 HRS	
	Page 4 director			Male	Whit	e	03-		75	YRS		MUURS MIN.	
	P Po	10 F		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	NEVER MAPPIED TO	9. BALTIMORE CITY O	R COUNTY OF	DEATH		
	death. Pag uneral dire	烈		Maryland	U.S.	. A .	WIDOWI	D NEVER MARRIED	Carroll	County		MD.	
	the fu	37	10. CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN	IG HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATE		126. KIND OF	BUSINESS OR	
5	s of by th	No.	Sykesville Springfield Hospital Center -								110001111		
AND 21201	oe in	10 9	USUA 13g. S	L RESIDENCE 18 NURSING HOME	OR OTHER INSTITUTION	13c. CITY OR TOW	ADMISSION)	1134 INSIDE CITY LIMITS?	13e STREET ADDRESS		0	1011	
S.	12 th	20	2	N 26	to. City			YES NO	3313 Popl	ar Stree	et del	410	
1	1	100	14 FA	THER'S NAME	WIDDLE	LAST:		15. MOTHER'S MAIDEN NA			LAST		
MA	1 10 m	DU		John		exler, Si		Mary	Allopte		Ebaue	7	
A	M / 100	10		AS DECEASED EVER IN U.S.	ARMED FORCES?	166. SOCIAL SECL	RITY NO.	17. INFORMANT	ADDRI				
W	- II	1/	- 3	No	ONE WAR OR DATES	216-76-8	3282	Records, Spi	Sykesyil cingfield H	le Maryl Spitai	Cente	1784	
TA .	1 967	aumatic event.		IL CAUSE OF DEATH (Enter	anly one cause pe	r line for (a1, (b1, an	d (c).)				APPROXIMA BETWEEN ON	ATE INTERVAL USET AND DEATH	
2	phy propa			18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiopulmonary arrest. etiology unknown								es	
N N	h ce ding arba			DUE TO, OR AS A CONSEQUENCE OF									
PRESTON	death attend			Conditions, if any, which ((b) Possible M.I./Pulmonary embolism Minutes									
0.00	the the			gave rise to immediate couse (a), stating the	DUE TO, C	OR AS A CONSEQUE	NCE OF						
×.	thot d by ease	ry, ar ath		underlying cause last									
5, 20	ires gne n pl		_	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/a									
ORD	requer st	- 2	ŏ	Underwe	ight; Ber	nign pros	tatic	hypertrophy					
ECC	low s be		Z.	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	106 IF YES, WI	G CAUSES C	SS USED OF DEATH?	
AL	The laction.		CERTIFICATION				- 6		YES NO	YES		NO []	
>	ZXOOI	00	_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		OF INJURY I.M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I	OR PART 2)		
ō		E/	CA	(IF EITHER NOTIFY MEDICAL EXAM	INER) P	.M.	19						
DIVISION OF VITAL RECORDS, 201	offending the this state but would we have	rked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE, P	ARM ETC }	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
Δ.	A Se A	E S		22a.L certify that (I) (this ha						4-87 19_		not (I) (we) lost	
	pito for	5 6		saw the deceased alive an 12-4-87 19 and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the bady after death.									
	hos hos	# E		276 SIGNATURE	0			DEGREE			22c. DATE S	IGNED	
	AL OR	b		Klightend	er Mi	ldrg.	MO	ATTENDING PHYSICIAN [MEDICAL STA		12-0	4-87	
	E Q B	Z-T	1	224 PHYSICIAN'S NAME ITY	PE OR PRINT)	()		220 ADDRESS Sprin	ngfield Hos	oital Ce	enter		
		IMPORT		Shahida Si	ddiqi, M.	D.			sville, Mar		21784		
	5 g 5 g	3 3	23a B	URIAL, CREMATION, REMOV	AL 236. DATE	23 € 1		EMETERY OR CREMATORY	234 LOCATION			STATE	
	BP			Burial	12/5/	87 Sa	cred	Heart of J	esus Bal	to, Mai	cylan	d	
	DHMH - 16 50M	1/81	24. FL	INERAL DIRECTOR		ADDRESS.	2.		E REC'D. BY REGISTRAR	256. REGISTRAR	S SIGNATU	IRE	
	(VRA 15, 4)		J	Joseph N. Zannino, 263 3. Conkling St. DEC - 4 1987 Julia Diriden Rudes									



The state of the s

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

and that & (my) (com) apinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED PHYSICIAN 23b. DATE 231 NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL MDTATE CITY OR TOWN Burial 12 - 24 - 87Springfield Cemetery Sykesville Carroll 250. DATE REC'D. BY REGISTRAR 251/REDISTRAR'S SIGNATION 24 FUNERAL DIRECTOR HAIGHT FUNERAL HOME SYKESVILLE, MD 21784

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

> 26 HOUR 145

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

IF UNDER 24 HRS

IF UNDER I YEAR

YES T

COUNTY

10 83 151 11 10 0 10 Land and the state of the state S. R. A. D. C. Hogy Eller Carl Carl Cles a wanger to the family I'M where want with Main that sale of the

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ARTMENT	0.1	F	HE	AI	TH	AND	MEN

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3200-1-3		REGISTRAR				CERTIF	ICATE OF DEATH	REG.	NO			
7 DEC -3		CEASED NAME	FIRST		MIDDLE		AST	2a DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	
poge 3	1	W	ILBE	RT (E.E.	Du	LL		11-	19-87	1640 M	
9	3 SE			RACE		5. DATE (6. AGE (IN YEARS LAST	BIRTHDAY)	MONIHS DAYS	IF UNDER 24 HRS	
is of a		M		h)		-07-04	83	YRS		,	
hour hour		RTHPLACE (STATE OR	FOREIGN 76.	CITIZENOF	WHAT COUNTR	Y? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	Y OF DEATH		
hm 72		FiD.		20	A	WIDOW	DIVORCED	(ARRO	11	VITAUG	MD	
0 5 7	10 C	ITY OR TOWN OF DE	ATH 11		HOSPITAL, NUR		OR OTHER INSTITUTION	TYPE OF WORK FOR MOS	TION TOF WORKING LE	126 KIND C	OF BUSINESS OR	
led th	W	ESTMINS	TER	ARR	OLL CO.	GEW.	HOSPITAL	TYPE OF WORK FOR MOS	ad	Ka	ilroad	
E of P		AL RESIDENCE IN NURS	113h COUNTY		113c CITY OR TO	OWN	134 INSIDE CITY LIMITS?	13e.STREET ADDRES				
		MD	Carro	011	Hamps	tead	YES NO	1127 S.	Main	St.	21074	
1 3 / Se	14 F	ATHER'S NAME FIRST	MID		LASI .	7	15. MOTHER'S MAIDEN NA	WE		Loat	ST	
		Henry	J		Dul.		Agnes		DECC	Loat	CS	
S. Pages I pind 2 should medical styles and and completely fille		VAS DECEASED EVER YES, NO OR UNKNOWN)	(IF YES GIVE W		166 SOCIAL SE		17 INFORMANT		RESS			
S. Pool		no na 705-10-7234 Ethel Dull 13e										
physicial physicial physicial semanal.		18 CAUSE OF DEAT PART I. DEATH W	H (Enter only o	ane cause pe	er line for (a), (b)	and ich	2 2			BETWEEN	ONSET AND DEATH	
		TAKI II DEATH	IMMEDIATE ((Ces)	6. wasp	y tachere	_		-	2 carp	
atean ce bitending ave carb fian, ar i		Canditions, if any which										
atte save stian roun		Canditions, if any		(b)_		DAR				74	ov-s	
rem rem		couse (a), statu	ng the	DUE TO, C	OR AS A CONSEC	DUENCE OF						
a o lo o				((c)_								
to bur	NO	PART 2 OTHER SIG	NIFICANT CO	-	al wet:	TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CO	INDITION GIV	VEN IN PART 1	a	
prio ony	CERTIFICATION	190 DATE OF OPERA	TION	196 CONE	DITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		ES, WERE FINDII		
A per	E	487	13					YES NO		rES 🗌	NO 🗆	
hysicale ransit Hygir Hygin 18 ships		210 ACCIDENT WAS UN			OF INJURY	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF I	JURY IN ITEM 18	PART I OR PART 2)		
og pland pla	CAL	(IF EITHER NOTIFY MED			P.M.	19						
this ebu	WEDICAL	21d INJURY OCCUR			OF INJURY	CE FARM ETC)	211 LOCATION STREET	CITY OR	TOWN	COUNTY	STATE	
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S a contract of the state of th	1	22x I certify that ()	the haspital			Charles 1	17		119	. 19	tha (II) (we) lost	
Sprite CTO d for aft			did) did not i	1.1.	y after death.		nd that (n (my) (our) opinion	death accurred an the	date and ha			
oche Dept		226 SIGNATUR	>				DEGREE ATTENDING	MEDICAL S	TAFF	22c. DATE	SIGNED	
7 = 7 = 2		×	V				PHYSICIAN			"	117/01	
O FUNERAL nould be de- orth the Stort		224 PHYSICIAN'S N) ([. •	22e ADDRESS	61		of D	112	
ergined by the TO FUNERAL should be determent the Store with the Store			ever >	shaut	O T	ND	211/4am	محرا داحر	Namp	Sterk	سر ده،	
5 F W 3 Z		BURIAL, CREMATION	REMOVAL	236 DATE			CEMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE	
BP		Burial		11/2		Westm	inster	Westmir		Carro		
DHMH - 16 60M 7/B4		Robert K.	412 W	151111	ADDRES	stmin		TE REC'D. BY REGISTR	AR 256 REGIS			
(VRA 15, 4)	1	MODEL K.	. Prit	US, i	Sr., We	POLITI	Pret, LITA MA	V 2 3 1087		Meddon.	Kandalk	

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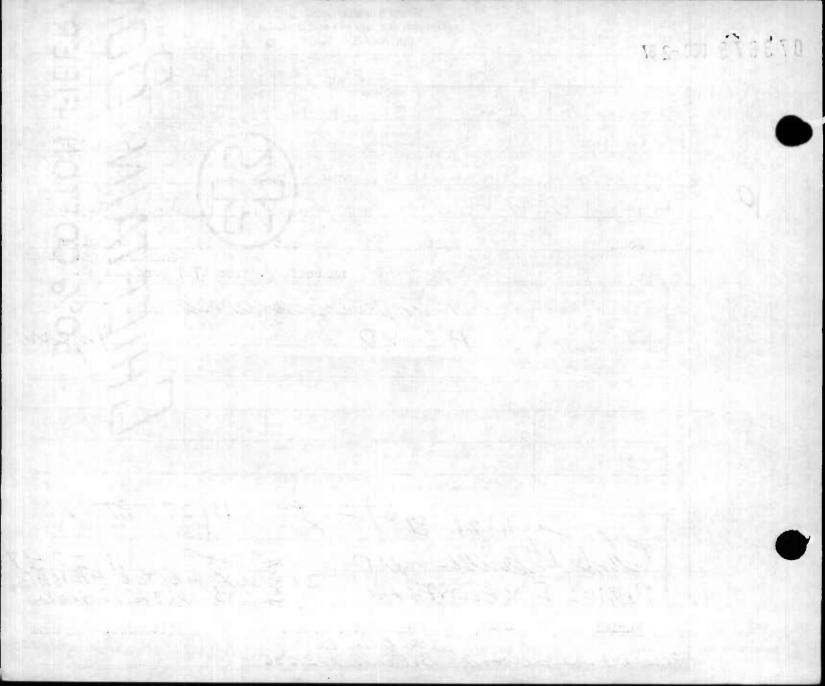
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(VRA 15, 4)

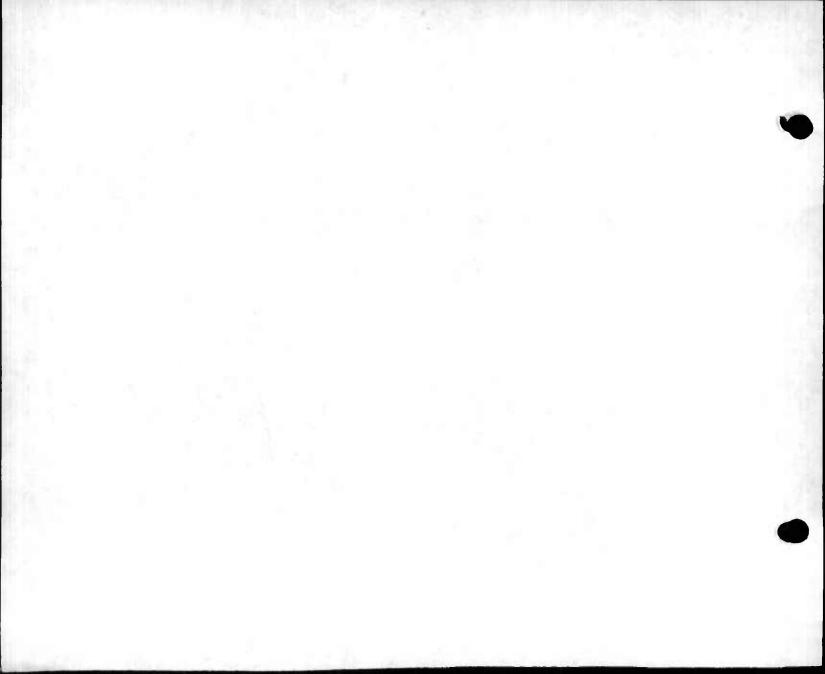
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STATE OF MARYLAND

TO DATE OF DATE OF THE TIEST AND THE POUR TIEST AND	5050 00		STATE RESISTRAR	DEPAR		CATE OF DEATH	4 /	3 3 4	trof	
Secretarian	30/3 UE	-	1.01	MIDDLE	LA	51			YEAR 26	HOUR
Section Sect	74		E COLUMN (1)	3	F	PIE	11-27-	27		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
The BIRTHPLACE (1) SHIP CHOICES AND	0.00	1.57		RACE	S DATE OF	RIPTH	A AGE LIN YEARS LAST BIE	THDAY! IF UN	DER 1 YEAR IF	UNDER 24 HRS
MARRIED D NORCED DONOR OF DEATH WOONED D NORCED DONOR	or the	3	Telale 1	0 -	MONTH	04 99	88	MONTE		
B CITY OT OWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 118. USUAL OCCUPATION 118. USUAL OCCUPA	12 122	7a B	IRTHPLACE (STATE OR FOREIGN) 7	& CITIZEN OF WHAT COUNTRY	? 8	□ NEVER MARRIED □	9 BALTIMORE CITY	R COUNTY OF	DEATH	
Weshmose "Westmode of clies statistical strong and statistic strong and strong	1 20	18	alto Md	UST			Carro	11 C	ount	-4 M
DULL RESIDENCE (# MUNICHEN MAD CALLED FOR TOWN 19 MODE 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	91	10 0		LIF NOT IN SUCH FACILITY, GIVE STREET	TADDRESS)	00 10 1				US NESS O
No. Applies	0/2	UsU	1 10 10 10 10	00.0		COMOUN COM	, C		17/1	7
John John Made Smith Margaret Mobile Margaret Von Holten John John Margaret Won Holten Amabelle M. Vios 1717 Yorkland Rd. Amabelle M. Vios 1717 Yorkland Rd. John Margaret Won Holten Amabelle M. Vios 1717 Yorkland Rd. John Margaret Won Holten John Margaret Won Holten Amabelle M. Vios 1717 Yorkland Rd. Amabelle M. Vios 1717 Yorkland Rd. Amabelle M. Vios 1717 Yorkland Rd. John Margaret Won Holten Amabelle M. Vios 1717 Yorkland Rd. John Margaret Won Holten Amabelle M. Vios 1717 Yorkland Rd. Amabelle M. Vios 1717 Yorkland	1430	13a	Md Nba		10	YES NO 🔀	439 Br		Que	ST. C
John Smith Margaret Von Holten Address in Kaburg, Md. 210 Annabelle M. Vios 1717 Yorkland Rd. Annabelle M. Vios 1717 Yorkland Rd. Its NOO UNROOWN (MR OR DAILS) Its WAS DECEASE OF DEATH. Enter only one course per ling for 10, 16, 10 miles In Cause of DEATH. Enter only one course per ling for 10, 16, 10 miles In Cause of DEATH. Enter only one course per ling for 10, 16, 10 miles In MMEDIATE CAUSE OF DEATH. Enter only one course per ling for 10, 16, 10 miles In MMEDIATE CAUSE OF DEATH. Enter only one course per ling for 10, 16, 10 miles In MMEDIATE CAUSE OF DEATH (In the Course of Interest only one course per ling for 10, 16, 10 miles) In MMEDIATE CAUSE OF DEATH (In the Course of Interest only one course per ling for 10, 16, 10 miles) In MMEDIATE CAUSE OF DEATH (In the Course of Interest only one course per ling for 10, 16, 10 miles) In MMEDIATE CAUSE OF DEATH (In the Course of Interest only one course per ling for 10, 16, 10 miles) In MMEDIATE CAUSE OF DEATH (In the Course of Interest only one course per ling for 10, 16, 10 miles) In MMEDIATE CAUSE OF DEATH (In the Course of Interest on In the Course of Interest on	En An	(F)E		UCCUE LAST				100	1.457	
By WAS DECEASED EVER IN U. S., ARMED FORCES? No. Amabelle M. Vios 1717 Yorkland Rd.	2 21/12/	1/			h		MIDDEL	V		ten
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CERTIFICATE #87 35454



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE. CERTIFICATE OF DEATH

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REG. NO.				

		CEASED NAME FIRST	MIDDLE	LAS		20 DATE OF DEATH MONTH	DAY YEAR	26 HOUST
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STATE OF MARYLAND

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9	3. SEX	(4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRT		
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5	13e S	aryland C	arroll	GIVE RESIDENCE BEFORE 131 CITY OR TOWN WESTMIT	1			zip code Main St.	21157
-	14.FA	THER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN N	AME		LAST
(1	Jesse	Р.	Hooper		Laura	V.	F	arver
			ES GIVE WAR OR DATES!	16b. SOCIAL SECUI		17. INFORMANT		Westmin	
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24 FUNERAL DIRECTOR Charles W. Burrier, Jr., Sykesville, Md. DEC 2.1 1987

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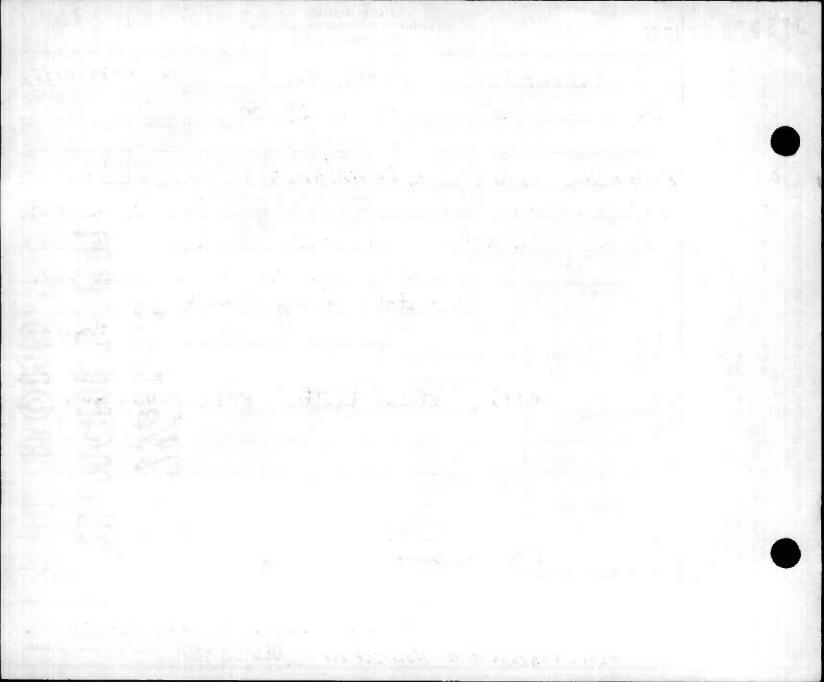
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STATE OF MARYLAND

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DHMH - 16 60M 7/84 (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DHMH - 16 60M 7/84 (VRA 15, 4)

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		18. CAUSE OF DEAT	TH (Enter only an /AS CAUSED BY:	ne couse per line fo	or (a), (b), and (c).)	001	05.00	1 10	4		BETWEEN	ONSET AND DEATH
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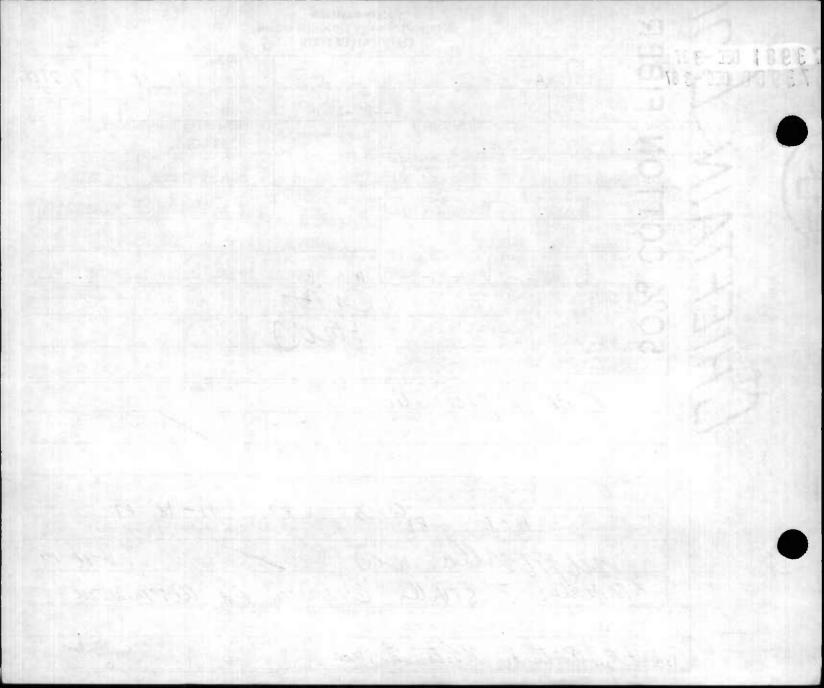
FOR - STATE REGISTRAR

STATE OF MARYLAND DEPAR

TMENT OF HEALTH AND MENTAL H	YGIENE			and and
CERTIFICATE OF DEATH	Bi .	1	لطبه معم	2

1	- STATE REGISTRAR	DEPART	CERTIFICATE OF DEATH	GIENE O / REG. NO 5	4 5 2
10	DECEASED NAME FIRST	MIDDLE	LAST		DAY YEAR 26 HOUR
-B	TER E	SA A.	HAI.L	10	18 87 1:25A
T	FEMALE	4 RACE VHITE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER YEAR IF UNDER 74 HAS
1	/		127-1904 AR	83 yrs	
1	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH
2	MD.	USA.	WIDOWED DIVORCED	CARROLL	MD
1	VESTAINSTER	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET WEST ALASTED		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF BEAUTICIAN	126 KIND OF BUSINESS OR INDUSTRY SHOPS
13	JUAL RESIDENCE (IF MURSING HOME OF 13b COU 3c. STATE 13b COU 3 A.L.)		VN 134 INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CODE 867 BUTTONWO	
C	JOHN F	MIDDLE LAST BURKE	15. MOTHER'S MAIDEN N. SUSA N	V. MIDDLE YOKE	LAST
160	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECU	URITY NO 17 INFORMANT	ADDRESS	
4		ONE 219-34-	-2460 JACK HARRI	IS 2130 COON C	CLUB RD. 2115
740	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU (c)	ENCE OF HOU	MIN AL DISEASE OR CONDITION GIV	APROXIMATE INTERVAL BETWEEN ONSET AND DEATH VEN IN PART 110
TO THE CATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	HOPERATION WAS PERFORMED		S, WERE FINDINGS USED FYING CAUSES OF DEATH? S \(\text{NO} \)
	5 an an annual and Danish and		AY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18 F	
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	saw the deceased alive a	pital) attended the deceased fram	87, and that in (my) (aur) apiniar	n death occurred on the date and have	19 that (1) (we) last or and from the causes stated
	THE SIGNATURE	morela		MEDICAL STAFF DIRECTOR PHYSICIAN	11-18-67
	MANNE	I J. SEVU	Un GIIMUSE	y Kd. WEST.	MINISTER
	BURIAL, CREMATION, REMOVA	11 01 0-	NAME OF CEMETERY OR CREMATORY DODL AWN	BALTIMORE	COUNTY STATE
24	PANAME KO ON	the h. Waster	under, mel. NOV	TE REC'D. BY REGISTRAR 355. PEGIST	RAP'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)



injury, or other traumatic event, th

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

-	REGISTRAR		CENTIL	ICAIL OI DEA		REG. N	10.			
	CEASED NAME FIRST	MIDDLE	- 1	AST		20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR
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3 SE	Х	4 RACE	5. DATE C						RIYEAR	IF UNDER 24 HRS
	m	w	MONTH	22 DAY 93	YEAR	94	YRS	MONTHS	DAYS	HOURS MIN
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	TRY? 8	D NEVER MARK	DIED	9 BALTIMORE CITY OR COUNTY OF DEATH				
	Maryland	USA		DIVOR		CAR	ROLL	1		ME
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5	4KeSUIIIE	JUX851/11/19	F/d4	re ARR	-	PAINT L	C	(IFE) IND	USTRY	
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			7-0001	MIS. IV	egine	L TrTTT • W	esu			MC.
	18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	D BY	C	F				- 81	TWEEN O	NSET AND DEATH
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94		DUE TO, OR AS A CONSE	EQUENCE OF	1.S. C.	0			10		
- 1	Conditions, if any, which gave rise to immediate	(b)		1.3.	V , 1)	4				
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	AT WORK AT WORK									
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	sow the deceased alive an above, (II (we) (did) (did no	view the body ofter death			opinion de	eath accurred on the d	ate and ha	our and fr	om the c	ouses stated
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23a	BURIAL, CREMATION, REMOVAL			EMETERY OR CREM	ATORY	23d. LOCATION		4-		
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24 F	UNERALDIRECTOR					REC'D. BY REGISTRAR				
	Elîne Funeral	Home, Hamps	5. 1. 0.2 7	Ма	UEU	23 1987	a. T	1 44dAy	- William	

Funeral Home, Hamps tead

DHMH - 16 60M 7/B4 (VRA 15, 4)

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DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

COUNTY

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17b. KIND OF BUSINESS OR

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STATE

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF BEATH

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REG. NO.	-			

	2.	REGISTRAR		CERTIF	ICAIE OF DEATH	REG. N	iO.	
		CEASED NAME FIRST	MIDDLE	-	AST	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
poge 3	TIPP	Annie	D.	14	irth	12-3-8	7	1 35 A
od a	3. SE		4. RACE	5 DATE C	OF BIRTH	& AGE (IN YEARS LAST BE	RTHDAY) IF UNDER	TYEAR IF UNDER 24 HRS
ector, irs ofte	1	-emale	Caucasian	MONTH 6	1 1900	87	YRS.	DAYS HOURS MIN.
to dir		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEA	ATH
CC Sale	1	ouisville KY	U.S.	WIDOWE		Carroll	County	ME
led with	10 C	Kesville MD	11. NAME OF HOSPITAL, NURSII		rcare Cente	120 USUAL OCCUPAT	OF WORKING (IFE) INDL	KIND OF BUSINESS OR USTRY
100 P	130	AL RESIDENCE HE NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFOR		13d INSIDE CITY LIMITS?	13a STREET ADDRESS		0 83/7
1 11	14. F	THER'S NAME	011 134/1831	1110	15. MOTHER'S MAIDEN NA	IME .	001100	C /11/1.
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8 8 /	<u> </u>	NO -	261-62	-8098	Mr. Douglas	Hirth Syke	sville, Ma	aryland 217
Serviced		18 CAUSE OF DEATH (Enter on	ily ane cause per line for (o), (b), or	ndicel			86	APPROXIMATE INTERVAL
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sign hen to bi	Z	TAKE OFFICE STORY INC.	.01.011.01.0 <u>COMMISSION</u>	00.	The first terms of the first	The properties on de-		
mit. I	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE	FINDINGS USED
Se e e	5	THE DATE OF OFERATION	The Contained Tok Which	TOTE EXAMINE	THE STER OF THE STATE OF THE ST		IN CERTIFYING C	AUSES OF DEATH?
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should be de with the Stot	144	Jose L. C	SHAPULLE		634-2 Ba	rnett Ave	SYKES	WILLE, M
OF SA SA	230	BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
	230	SPECIE BURIAL			Beach Cemeter	CITY OR TOWN	ach Dalm I	Beach FL
			12-00-07 De	Tray I				
- 16 60M 7/84	24 F	UNERAL DIRECTOR	ADDRESS		and the second	TE REC'D. BY REGISTRAL		
(RA 15, 4)		HAIGHT FUNERAL	HOME SYKESVILL	E, MD	21784	C - 4 1087	Milia Kenidas	n. Kandall

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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A 12		AL RESIDENCE (IF NURSI	NG HOME OR OTH	HER INSTITUTION, GIVE RESIDE	NCE BEFORE ADMISSION)	1401041		7100191		SOTIE	4
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Die de		WAS DECEASED EVER	U.S. ARMEI	AR OR DATES)	IAL SECURITY NO.	17 INFORMANT		ADDRE		iry, 4	Md.
Po		No		217	-36-4355	Harold	К. Но	ffman,4	601 Ri	idge !	Rd.
sicio pers vol t, the		18 CAUSE OF DEATH	1 (Enter only o	ine cause per line far io	i, (b), and ic					APPROXIA BETWEEN O	MATE INTERVAL
phy smo		PART I. DEATH W.	AS CAUSED B IMMEDIATE C	AUSE (a)	1 mona	ry insi	47,016	er ca			
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Hygin 18 sh	T W	210 ACCIDENT WAS UND	ERLYING	216. TIME OF INJURY		21c HOW INJURY	Y OCCURRED	ENTER NATURE OF INTUR	Y IN ITEM 18 PARI	I OR PART 2)	
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s the hand rked	ME	WHILE NOT WH	KE 🔲	(AT HOME, STREET, FACTOR	Y, OFFICE, FARM, ETC)	STREET		CITY OR TOV	VN	COUNTY	STATE
S ma		22a I certify that (I)	(this hospital)	attended the decease	d from JUY	4 19 10	· 8)	10 Perembe	18 19.	87.	that (li (we) last
2 H H 2	2	saw the decease above, (1) (we) (d	d alive an Di	ew the bady after dea	19. 87 , a	nd that in (my) (aur)) apinian death	occurred an the da	ite and haur ar	nd from the c	auses stated
hed ept hem		226. SIGNATURE		1	1	DEGREE				27¢ DATES	GIGNED
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A STATE	1	27 PHYSICIAN'S NA				22e ADDRESS				6	
O FUN		205e 1	·CHE	APULLE	" W. D	8345 L	Bonnet	12. sup 1	(KEZ)	142,	MD.
2413 4	73a	BURIAL, CREMATION, I	REMOVAL	73b. DATE		EMETERY OR CREM		3d LOCATION			
P		ISPECHY) Burial		12-21-198	37 Mt.	Olivet		Frede:	rick	OUNTY	MID

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Charles W. Burrier, Jr., Sykesville, Md. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DEC 2 1 1987

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SHE THINKING WAR IN LIVE	2 F. W. F. LL T. WALLS.	T. Roll

that the death certificate be executed within 24 hours ofter

ATTENDING PHYSICIAN, The

TO HOSPITAL

DHMH - 16 60M 7/ (VRA 15, 4)

10 FUNERAL DIRECTOR, After the certificate has been righted by the ottending physician and physician be detached for use as the burial-transit permit. Then place remove corbon popers. Pages —the bits state Dept. at Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: if him 21 is marked or him 18 for any injury, or other froumotic event, the me

Az hours ofter death

	STATE OF MAR
R	DEPARTMENT OF HEALTH AN

YLAND PARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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REG. NO				

1			SIAII	OF MARTLAND			678
L	FOR STATE REGISTRAR			EALTH AND MENTAL HYC ICATE OF DEATH	8 / REG. NO		6
I IDE	LEWIS	Melv	HOLLI	NGER	TO DAIL OF DEATH	AONIH DAY YEAR	26 HOUR 0618 M
3. SEX		Caucas	5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRTI	HOAY) IF UNDER TYEAR MONTHS DATS	IF UNDER 74 HRS
7a Bil	RTHPLACE (STATE OR FOREIGN)	USA	OLINITAV2 8	NEVER MARRIED	P BALTAMORE CITY OF	COUNTY OF DEATH	MD
PW	estminster	UND COL	LNTY GE	n Hosp	120 USUAL OCCUPATION OF THE CABINET IN	aker Ca	rpentry
	AL RESIDENCE (IF NURSING HOME OR INTEREST AT A LOUN AND	TY 13c CIT		13d. INSIDE CITY LIMITS?		zip code 21 clestown P	157 ike
LACTO A		L. Holli	nger	os mother's maiden na Carrie	WIDDLE	Lees	
	VAS DECEASED EVER IN U.S. ARA YES NO OR UNKNOWN) (IF YES GIVE 100	WAR OR DATEST	-10-5922	Amy Holli	nger 13		
	18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED IMMEDIATI) BY	101, 1b1, and 1c	AL HYP	OXIA	BETWEEN I-10	ONSET AND DEATH
	Conditions, if ony, which	DUE TO, OR AS A C	CONSEQUENCE OF	ARREST		* 4	
	gave rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A C		locardiaL	INFARCTION	·	
NO	PART 2 OTHER SIGNIFICANT C			NOT RELATED TO THE TERM	AINAL DISEASE OR COND	DITION GIVEN IN PART 1	0
CERTIFICATION	190 DATE OF OPERATION		OR WHICH OPERATIO		200 AUTOPSY?	206. IF YES, WERE FIND! IN CERTIFYING CAUSE: YES	
	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA			21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INTUR	Y IN ITEM TO PART I ORPART 2)	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJU	IRY ORY OFFICE, FARM ETC)	211 LOCATION STREET	CITY OR TOV	VN COUNTY	STATE
	sow the deceosed olive on obove, (I) (we) (did) (did not		and the same	nd that in (my) (our) apinion			that (11 (we) lost
	226. SIGNATURE	non		DEGREE ATTENDING PHYSICIAN (MEDICAL STAF	F _ /12 /	18/87
1	224 PHYSICIAN'S NAME (TYPE OF	RINI)		22e ADDRESS			
1 3	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	12/21/87		EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	COUNTY Run Carro	STATE MD
No.		Washingto	n Dond	250 DA	Silver I	Sh REGISTRAP'S SIGNA	

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FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.	3	4	(5	8
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i to	ECEASED NAME	FIRST	MIDDIE	-	.A\$1	20 DATE OF DEATH	MONTH	DAY YEAR	Zb HOL	JR
	PE OR PRINTS	RΛ	E,	HO	OOK		12 3	31 87	2:00	_
3.5		4. RACE	2,	5 DATE C		6 AGE (IN YEARS LAST BIRT		# UNDER 1 YEAR		
1	FEMALE		ITE	MONTH 8		89		MONINS DATS	HOURS	MIN.
1	BIRTHPLACE ISTATE OR FOR		WHAT COUNTRY?	0		9 BALTIMORE CITY O	R COUNT	Y OF DEATH		-
1	MARYLAND	U.S			D NEVER MARRIED	CARROLL C				
110.	CITY OR TOWN OF DEATH			WIDOWE G HOME C	DROTHER INSTITUTION	120 USUAL OCCUPATION		12b KIND C	DE BUSIN	ESS OR
1	WOODBINE	72	CHEACILITY, GIVE STREET A	e Roa	ad	Housekeepe	WORKING L	#E] INDUSTRY		
13e	UAL RESIDENCE (IF NURSING STATE 1:	S HOME OR OTHER INSTITUTION BL COUNTY CARROLL	GIVE RESIDENCE BEFORE . 13t. CITY OR TOWN WOODBINE	١	134 INSIDE CITY LIMITS?	7255 Woodb	zir coo	Road 2	179	77
IA	FATHER'S NAME				15 MOTHER'S MAIDEN NA					
	CHARLES	AUGUST	HOOK		MARY	ELIZABE	TH	SÓ	MMEES	3
160	WAS DECEASED EVER IN		166 SOCIAL SECUR	RITY NO.	17 INFORMANT	ADDRE	55			
	NO NO OR UNKNOWN	(IF YES, GIVE WAR OR DATES)	213-48-1	974	Janice Hohre	in 4305 Ceda	ır. Gar	rden Fd		
LI CERTIFICATION	Canditions, if any, or gove rise to imme cause (a), stating underlying cause PART 2 OTHER SIGNII 190 DATE OF OPERATION 210. ACCIDENT WAS UNDER	AMEDIATE CAUSE (a) DUE TO, C which diate the last. (c) FICANT CONDITIONS C DN 196 COND REVING 216 TIME 6	62	ATHBUT ATHBUT ATHBUT ATHBUT OPERATIO	NOT RELATED TO THE TERM ATTILLED IN WAS PERFORMED 216 HOW INJURY OCCUR	200 AUTOPSY?	20b. IF YE	ES, WERE FINDII IFYING CAUSES IES []	NGS USE	TH?
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	saw the deceased oboy (II (wa) (de 27h SIGNATU E 27d PHYSICIAM S NAA Dr. Knip)	AE Tree of some	gather death,	ns		MEDICAL STAR DIRECTOR PHYSIC	FF CIAN []	22c DATE		ated
230	BURIAL, CREMATION, RI				EMETERY OR CREMATORY	23d LOCATION		COUNTY		STATE
	Burial FUNERAL DIRECTOR NAME Hubbard Fune	1/4/8	ADDRESS	212	.29	y Baltimore te rec'd. By registrar JAN 4 1			Mary I	A 6

DHMH - 16 60M 7/84 (VRA 15, 4)

- STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH TYPE OR PRINTI 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3. SEX 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH STATE OR FOREIGN MARRIED NEVER MARRIED BINIA WIDOWED DIVORCED | 126 AIND OF BUSINESS OR USUAL RESIDENCE UF NUR ING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 113d. INSIDE CITY LIMITS? YES [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE 17 INFORM **ADDRESS** 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), PART I. DE ATH WAS CAUSED BY NIN IMMEDIATE CAUSE (o). DUE TO OR AS A CONSEQUENCE O Conditions, if onv. which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION INCONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190. DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOW NO [216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 71d. INJURY OCCURRED 211. LOCATION 21e. PLACE OF INJURY COUNTY STATE CITY OR TOWN AT HOME STREET, FACTORY OFFICE FARM, ETC 1 STREET NOT WHILE AT WORK 220.1 certify that (1) (the hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF 21 PHYSICIAN POIRECTOR PHYSICIAN 22e ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION

DHMH - 16 60M 7/84 (VRA 15, 4)

FUNERAL

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MPORTANT

24 FUNERAL DIRECTOR

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8 75			PASED NAME CHA	RILIE		Jeffers	an Jo	HNLS		nov 2	MONTH DA	Y YEAR	26 HOUR 2335M	
Ap de de		3. SE)		4	RACE		5. DATE C	OF BIRTH		6 AGE IN YEARS LAST BIR		F UNDER TYEAR		
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76. BIRTHPLACE (STATE OR FOR					76 CITIZEN OF WHAT COUNTRY?			NEVER /	MARRIED -	9 BALTIMORE CITY OR COUNTY OF DEATH				
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1 11	21	1	TY OR TOWN OF DEA		LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)					126 USUAL OCCUPATION 1176 OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 178 LINDUSTRY			U. 5	
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24 ho	35	13a S		13b COUNT	Y	Hampsi	WN	13d INSIDE C	NO 😿	13. STREET ADDRESS	ZIP CODE RIL	L Rd.	21074	
4 62	1/2		THER'S NAME	M	ODLE	LAST		15 MOTHER'	S MAIDEN NA	ME MIDDLE		LA	ST	
p du	1900	1	Charles	B.						Freeman			n	
Popul Co.	lease remove carbon plants. Pages 2 ial, cremation, at remon or other traumatic event the medical	160 V	VAS DECEASED EVER	IN U.S. ARM	ED FORCES? WAR OR DATES!	004-36-		Norma	7 7	4829 D	ave Ri		d. 1071	
to the feeth certific to by the attending phy please remove corbining phy incl. cereminals, as seems.			Conditions, if any, gove rise to imm cause (0), stating underlying cause	which nediate g the last	DUE TO, C	OR AS A CONSEQ	UENCE OF		Heart of the Term	Director MINAL DISEASE OR CON	IDITION GIVE	N (N PART 1	10	
S man	hinh	Z	- Labor	emer	and the second s									
	or use os the output permits of Health and Mental Hygiene prior 1 is marked or Item 18 shows any	CERTIFICATION	196 DATE OF OPERAT			DITION FOR WHIC	H OPERATIO	N WAS PERFO	DRMED	20a AUTOPSY? YES NO			INGS USED S OF DEATH? NO	
Z 2 2 2 2 1		them 18	MEDICAL CER	210, ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION (IF EITHER NOTIFY MEDICAL CONTRIBUTION CONTRI	AUSE OF DEAT (ALEXAMINER)	HOUR A	OF INJURY A.M. MONTH P.M. E OF INJURY STREET FACTORY OFFICE	19	21c. HOW IN	00	RED (ENTER NATURE OF IN H	6	RT OR PART 2)	STATE
TTENDING bital or a TOR. Afre for use as			220.1 certify that (1) sow the decease above, (1) (we) (c	(this hospite	non!	19		nd that in (my		death accurred on the c	lote and hour	- /	, that (II (we) fost e couses stated	
AL OR A AL DIRECT Strocked to the best of	II. If Hem		77b. SIGNATURE	hu.	5- 18-	uskey	mp		ATTENDING PHYSICIAN [MEDICAL STA	AFF CIAN (22c. DAT	E SIGNED	
HOSPITA Corned by D FUNER Could be diff the Sto	RT I		22d PHYSICIAN'S NA		PRINT) HAR	SHEY	هسر	77. ADDRE		- pt. W.	estain	ster	me.	
5 = 5 = 3	3 3	22-	DUDIAL CREALATION	DEMOVAL	TION DATE	72	NAME OF	EMETERY OF	CREMATORY	23d LOCATION				

DHMH - 16 60M 7/B4 (VRA 15, 4)

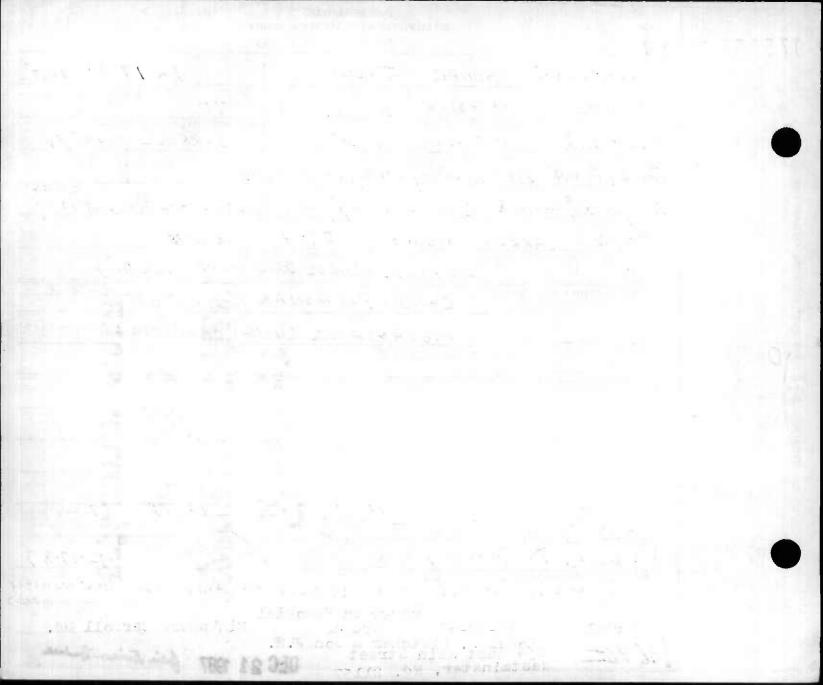
23d LOCATION
CITY OR TOWN

Cherryfield Washington, ME

DEC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial Nov.30,1987 Pine Grove Cem. Eckhardton Funeral Chape 250 DA Manchester, Md. 21102

23c NAME OF CEMETERY OR CREMATORY

AND IN A SECTION OF CAME AND A SECTION OF SECTION AND ASSESSMENT OF SECTION ASSESSMENT ASSESSMENT OF SECTION ASSESSMENT ASSESSMENT OF SECTION ASSESSMENT ASS



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH MONTH 26 HOUR 87 2229 1926 6 AGE IN YEARS LAST BIRTHDAY HE LINDER TYEAR IF UNDER 24 HRS **HOURS**

1. DECEASED NAME TYPE OR PRINTS 4 RACE 3. SEX TE CITIZEN OF WHAT COUNTRY? To. BIRTHPLACE (STATE OR FOREIGN CS: 1491417 WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

NEVER MARRIED DIVORCED [

10 d)

BALTIMORE CITY OR COUNTY OF DEATH WORK FOR MOST OF WORKING LIFE! MACLINIST

13e.STREET ADDRESS / ZIP CODE

MIDDLE

MAIL

126 KIND OF BUSINESS OR INDUSTRY MANYFACTUR

21/02

USUAL RESIDENCE (# NURSING 113b COUNTY Arvo M

MIDDLE

18 CAUSE OF DEATH (Enter only one couse per profito), (b), and (c).

Anches

15 MOTHER'S MAIDEN NAME rACE

05482

160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)

STATE REGISTRAR

4 FATHER'S NAME FIRST

CERTIFICATION

ò

resher 166 SOCIAL SECURITY NO 2-36-42-004

17 INFORMANT

ADDRESS PO. BOX 92 Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

28a AUTOPSY?

286. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M 21e PLACE OF INJURY

YES [NO 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

AT HOME STREET FACTORY OFFICE FARM, ETC.) AT WORK NOT WHILE 220 1 certify that (1) (this hospital) attended the deceased from

211 LOCATION STREET

CITY OF TOWN COUNTY STATE

sow the deceased alive on above, (I) (we) (did) (did not) view the body after death. 226. SIGNATURE

24 FUNERAL DIRECTOR

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22¢ DATE SIGNED

luceu

tiocco

1985

22e ADDRESS

BP

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DIRE

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL CREMATION, REMOVAL 23b. DATE

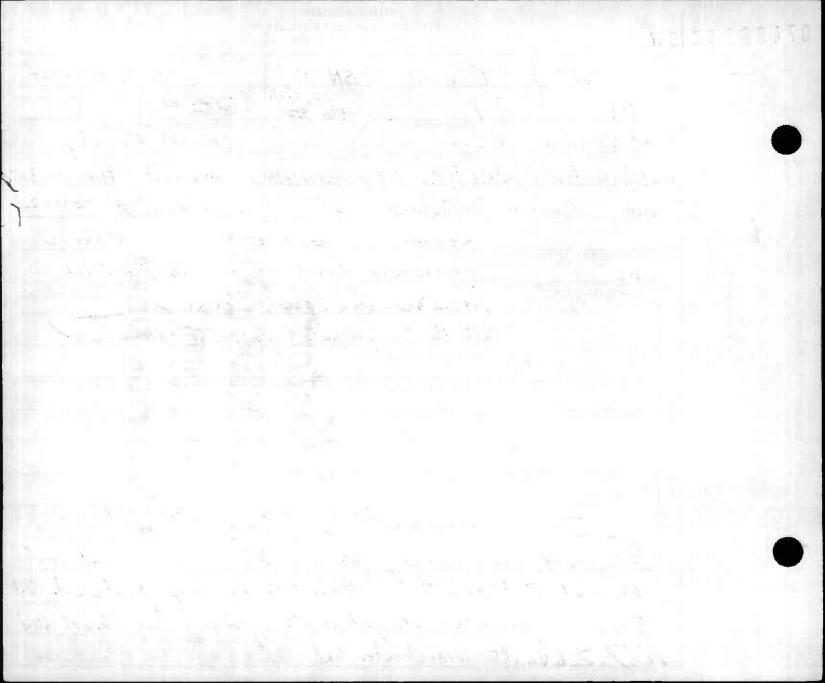
ALUNS TEACH

23c NAME OF CEMETERY OR CREMATORY

250. DATE REC'D. BY REGISTRAR 256

old be deta FUNERAL

MPORTANT

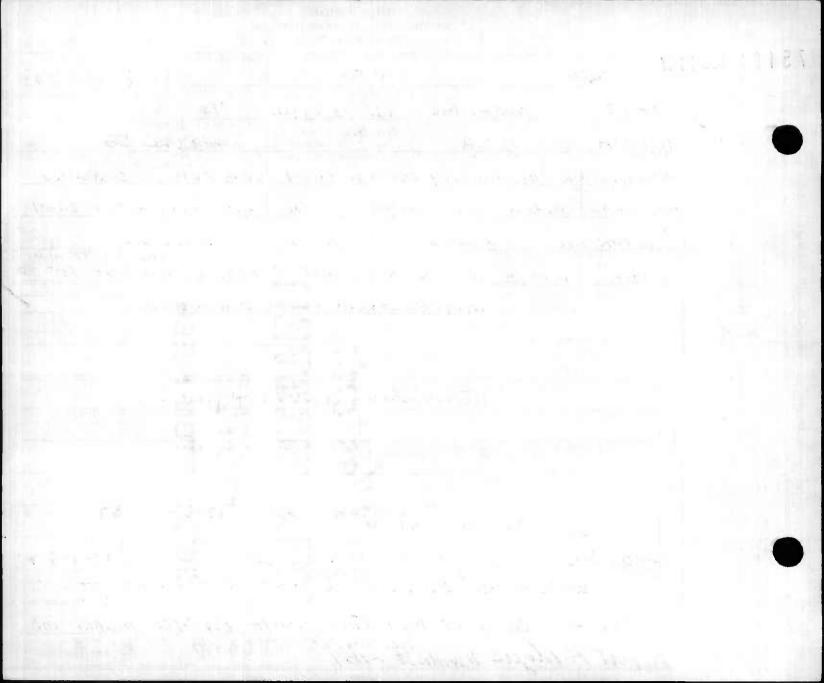


		1-	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND NENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 7 REG. NO. 5	4 7 3
64	DEC 10	N DE	CEASED NAME FIRST OR PRINT) Ignatz	J.	Komick	20 DATE OF DEATH MONTH	-6-87 0700 M
ge 4 may	rs ofter de	3. SE	NALE	CAUCASIAN	5 DATE OF BIRTH MONTH DAY YEAR 12 18 1910	6 AGE (IN YEARS LAST BIRTHDAY) 76 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS
eath Pag neral dire	in 72 hou	7a BI	RTHPLACE (STATE OR FOREIGN OUNTRY)	16 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUN CARROLL	TY OF DEATH
s ofter d by the fu	Applied with		TY OR TOWN OF DEATH JESTMINSTER	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A 4800 TURKEY F		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126 KIND OF BUSINESS OR INDUSTRY SITTPP1 NG
n 24 hou filled in	mould be	13a S	AL RESIDENCE IN NURSING MOME OR STATE 136 COUNTY CARC		N 134 INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CO 4800 TURKEY	DE FUOT RD 21157
ed with	060	14 FA	CNSTANTINE	Komick	15 MOTHER'S MAIDEN NA JULIA	MIODLE	LAST
o pud o	- Pages r medical			MED FORCES? 166 SOCIAL SECUI E WAR OR OATES) V. II 217-03			DRUKKEY FOOT RI
that the death certificated by the attendations.	lease remares cortainantal, cremares		PART I. DEATH WAS CAUSE	by one couse per line for (o), (b), one D BY E CAUSE (o) ATHEROS DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	ICLEROTIC CARDI	OUASCULAR DISEA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
equires in signe	Then p in tabur in jury.	NOI	PART 2 OTHER SIGNIFICANT C		DEATH BUT NOT RELATED TO THE TERM		GIVEN IN PART I ID
The law ran.	it permit	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
ding physic	burial-trans Mental Hygor or Imm IE	MEDICAL CE	210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER AND OCCURRED	P.M. 21e PLACE OF INJURY	216 HOW INJURY OCCUP 19 211 LOCATION		
ar often th	of thand	W	AT WORK NOT WHILE NOT WHILE AT WORK	(AT HOME, STREET FACTORY OFFICE, F.	ARM EIC) STREET	CITY OF TOWN	COUNTY STATE
hospital RECTOR	ed for us pr of He em 21 is			10-24-19 &	ond that in (my) (our) opinion	deoth occurred on the date and h	
by the I	State De		-Country Classician'S NAME (149E O	elle Nagam	ATTENDING	DIRECTOR PHYSICIAN	12-7-87
etained TO FUN	shauld be			Naganna, M.D., P		Rd Med Center-W	estminster, Md.

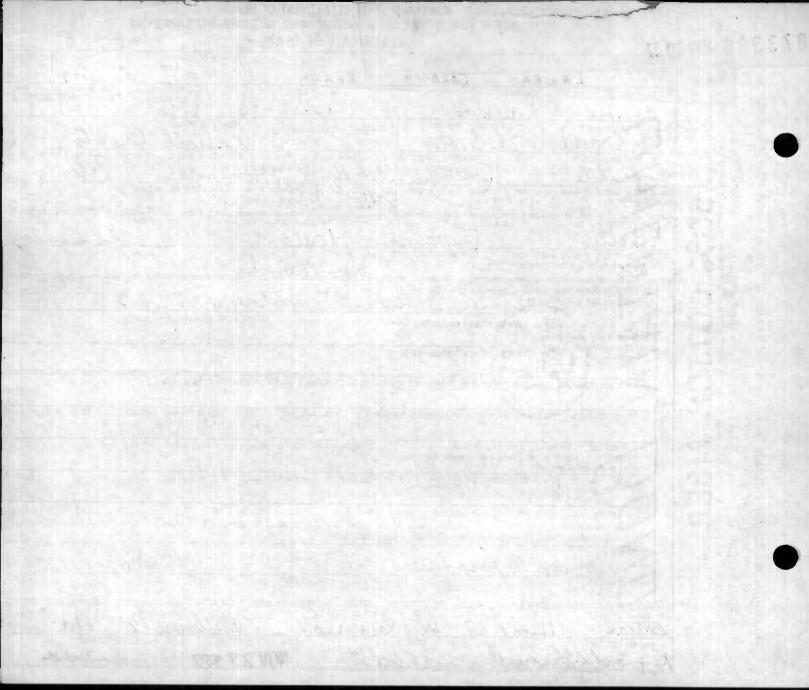
23¢ NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

23d LOCATION
LITTOR TOWN
ELKRI



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Lost 20. DATE OF DEATH 2b. HOUR First death. funeral I and (Type or print) BARBARA KrAS-S NOV LAU.RA 6. AGE (In years IE LINDER 24 HRS 3. SEX 4. RACE S. DATE OF BIRTH IF LINDER 1 YEAR lost birthdoy) 12-04-03 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED WIDOWED DIVORCED 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g. USUAL OCCUPATION (Kind, of work done OF BUSINESS OR during most of working life, even if retired.) nina Honce AL RESIDENCE (Where deceased lived, if institution; Residence before 13e STREET AND NUMBER 15. MOTHER'S MAIDEN NAME First J7. JNFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, to, or unknown) (If yes give war or dates of service) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH history of ASCVD DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) has been 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING use as CAUSES OF DEATH? YES 🗌 NO [this certificate UNDERLYING | 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 21a. ACCIDENT WAS 21b. TIME OF INJURY for OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. the haspital Month Doy Year of (If either, natify medical examiner) detached 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at work 22a. I certify that (1) (this haspital) attended the deceased fram_ _, to_ __19____, and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceosed olive on.... causes stated abave, (1) (we) (did) (did not) view the body ofter deoth. 22c. DATE SIGNED 22b. SIGNATURE DEGREE DIRECTOR 22e ADDRESS O HOSPITAL 22d. PHYSICIAN'S FUNERAL NAME (Type) director should b (Stote) 2 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) L. S. Krindson 25m-1/70



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO.	5	4	7	5
			_	

~	0 1	BEQUSTRAR	CERTIF	CATE OF DEATH	REG. NO.	2 2	
		CEASED NAME FIRST MIDDLE	1	151 20 K	20. DATE OF DEATH MONTH	DAY YEAR 2b 1	HOUR
	3. SE)	X JA RACE	5. DATE O	E PIDTU	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF-UI	NDER 24 MPS
	3. SE/	Female White	MONTH		102 YRS.	MONTHS DATS HOL	
1	70 BI	RTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COU	NTRY? 8		BALTIMORE CITY OR COUNT	Y OF DEATH	
-) 1	MANULAND U.S.A	WIDOWE		CArroll		MD.
<	10 01	ITY OR TOWN OF DEATH, (IS NAME OF HOSPITAL, I		R OTHER INSTITUTION	128. USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WORKING	126 KIND OF BU	SINESS OR
4	USUA	A RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE	E BEEORE ADMISSIONI		HEXMEISTAKE	y Jone	estic
5		MARULAND COUNTY 130. CITY O		13d. INSIDE CITY LIMITS? YES NO P	130 STREET ADDRESS THURS	Avenue	21784
Û	14. FA	ATHER'S WAME FIRST TO SPOR	0541	15. MOTHER'S MAIDEN NAM	AE MADDLE	(373/10	1
		VAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIA	L SECURITY NO.	17. INFORMANT	ADDRESS	iry Divin	בת ע
	11.	yes, yoor unknown (IF yes, give war or dates)	18-648	FAITHAVEL	Sulesville	e mo	21784
		18 CAUSE OF DEATH (Enter only one couse per line for (a), PART I. DEATH WAS CAUSED BY:	(b), and (c),)	1 1		BETWEEN ONSET	AND DEATH
		IMMEDIATE CAUSE (D)	mater	failue.			
	11	DUE TO, OR AS A CON	SEQUENCE OF	9			
		Conditions, if any, which gove rise to immediate (b)					
		couse (a), stating the DUE TO, OR AS A CON underlying couse last.	ISEQUENCE OF				
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	IG TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITION G	IVEN IN PART 1(0)	
	NO	· Parkinson's decea	R, A	SCUP			
7	CERTIFICATION	198 DATE OF OPERATION 198 CONDITION FOR	WHICH OPERATION	WAS PERFORMED	IN CERT	ES, WERE FINDINGS (IFYING CAUSES OF D (ES () NO	
-		21g. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY OR CONTRIBUTION CAUSE OF BRATE HOUR A.M. MONT	H DAY YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)	
1	CAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONT	19				
4	MEDICAL	216. PLACE OF INJURY WHILE NOT WHILE AT WORK AT WORK	OFFICE, FARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
		22a I certify that (I) (this hospital) attended the deceased	from	. 19		. 19, that	(I) (we) lost
	8	saw the deceased alive an	_19, an		eath occurred on the date and ha		
4		above, (I) (we) (did) (did nat) yiew the bady after death 22b. SIGNATURE		DEGREE	Charles Salles III	221. DATE SIGN	VED_
		William MD		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12/5	87
		22d. PHYSICIAN'S NAME (TYPE OR PRINT)		22e. ADDRESS			Telson I
		WILLIAM TAN MO					
-		BURIAL, CREMATION, REMOVAL 236, DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	5141E
	0.4.5	BURIAL 12-4-87	Nord	AWI Cemen	DE WOODIAU	NU RALI	. 140
-	24 FL	UNERAL DIRECTOR	ORESS		NEC D. BY REGISTRAR 250. REGIS	TRAR'S SICKATURE	L .
	H	AIGHTE. H. Bex 195 SYL	ESvilley	10 21784 1-6	- 9 1901		

DHMH-16 30M 2/80 (VRA 15, 4)

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72322 NOV 1	918	FOR STATE REGISTRAR			DEP	ARTMENT OF H	OF MARYL EALTH AND ICATE OF I	MENTAL HY	GIENE	REG. NO.	5	97	6
62 50		CEASED NAME OR PRINT) 4	FIRST ANK		MIDDLE	4	EIDY		20 DATE C	F DEATH MO	VIH 0	87	26 HOUR 1636 M
to the second	1. SE:			1 RACE		5. DATE C		VEAR 15	6 AGE (IN	72		IF UNDER I YEAR	HOURS MIN.
nerol curvate of the state of t		RTHPLACE (STATE OR FO	DREIGN	USA	WHAT COUN	MARRIEI WIDOWE	NEVER D	MARRIED .	1	RECITY OR C		OF DEATH	MD.
s ofter d		stminster			H FACILITY, GIVE S	IRSING HOME C STREET ADDRESS) O GEA			(TYPE OF WO	OCCUPATION REFORMOST OF WO	ORKING LIFE	INDUSTRY	OF BUSINESS OR
AND 212 24 hour filled in I must be		AL RESIDENCE (IF MURSING TATE	GHOME OR	TY, ,	13c. CITY OR		134 INSIDE C	NO [ADDRESS / ZI		57	21157
MARYLA ed within mpletely od 2 sh	14. FA	THER'S NAME FIRST Frank	,==,	MIDDLE	Lei	_		S MAIDEN NA FIRST D. C.].	ME	MIDDLE		Ros	
m and co		VAS DECEASED EVER II YES, NO OR UNKNOWN) YES		MED FORCES?		SECURITY NO 01-5331	17 INFORMA	ma Le	idy	ADDRESS			
T., BALT		18 CAUSE OF DEATH PART 1 DEATH WA	AS CAUSE	ly ane cause per O BY E CAUSE (a)	line for al, (b	RDIA	c de	ath	- 7	tute 1	vi	BETWEEN	NMATE INTERVAL LONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requirement of the contract of		Canditions, if any, gave rise to imm couse (a), stating underlying cause	which ediote		R AS ACONS	EOGENICE OF	~i~						
RDS, 20 equit n signed Then pl to killer	NO	PART 2 OTHER SIGN	IFICANTO	ONDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERM	AIN AL DISEA	SE OR CONDIT	ON GIVI	N IN PART 1	a
he low re oon. hos been t permit. ene prior	CERTIFICATION	190 DATE OF OPERAT	ION	196 COND	ITION FOR W	HICH OPERATIO	N WAS PERFO	DRMED	200 AUT		CERTIF'	WERE FIND	NGS USED S OF DEATH? NO
ON OF VITAL RI IYSICIAN: The li ding physicion. s certificons per Mental Hygiene or frem 18 shows		210. ACCIDENT WAS UNDER OR CONTRIBUTING CONTRIBUTING CONTRIBUTION CONT	AUSE OF DEA	TH HOUR A.		DAY YEAR	21¢ HOW IN	JURY OCCUR	RED (ENTER	HATURE OF INJURY IN	ITEM 18 P	RT I OR PART 2)	
DIVISION NG PHYS Offer this of of the offer of the orked or the orked	MEDICAL	21d INJURY OCCURR	ED	21e PLACE	OF INJURY REET FACTORY OF	FICE FARM, ETC)	211 LOCATION STREE			CITY OR FOWN		COUNTY	STATE
TTENDIN pital or a TOR Aff for use or of Health		220.1 certify the	this hospit	2/11	7	1//	nd that in my	(a)r) apintan	death accur	red an the date	and hour	and from the	that (I) (we) last causes stated
the hosp the hosp toched to the bept if hem		27h HIGHATURE	// Colo no	500) /		DEGREE	ATTENDING	MEDICAL	STAFF	л П	22c. DAT	SIGNED

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREM
BURIAL 11/12/87 Westminster
24 FUNERAL DIRECTOR 412 Washington Road
Robert K. Pritts, Sr., Westminster, MD

22 PHYSICIAN'S NAME (TYPE OR PRINT)

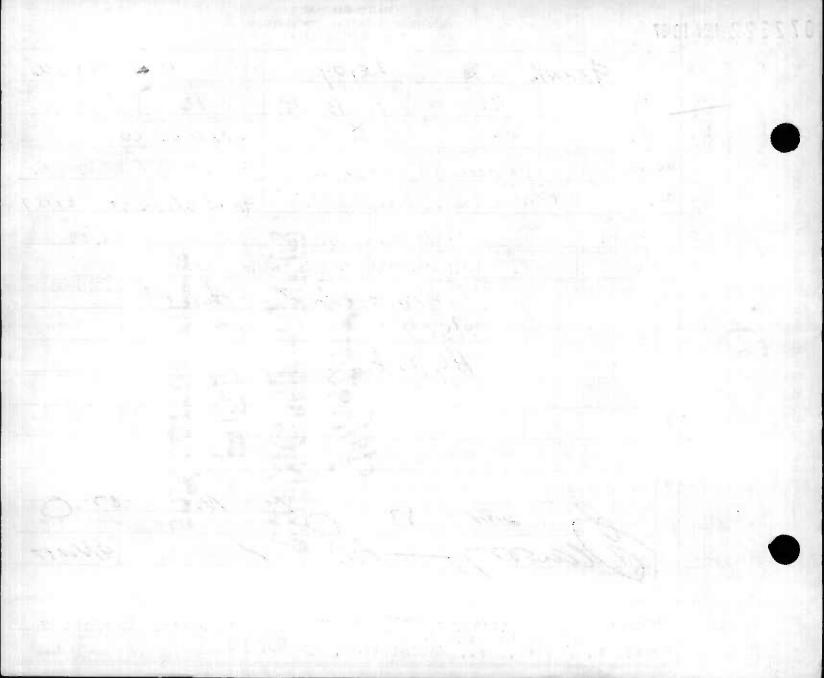
23c NAME OF CEMETERY OR CREMATORY

22e ADDRESS

23d LOCATION CITY OR TOWN

Westminster Carroll III)
25 NOTE REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE
100 1087

Pulsa Deridon Radaes



		FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO	4 7 Z
I L DEC		SED NAME FIRST	n Elizabe	th Leonard 5. DATE OF BIRTH MONTH DAY YEAR	26. DATE OF DEATH MONTH 11 - 28 6. AGE (IN YEARS LAST BIRTHDAY)	DAY YEAR 26 HOUR -8 7 5:30 M IF UNDER 1 YEAR IF UNDER 2 HRS MONTHS DAYS MOURS MIN.
Poge 4		Female RTHPLACE (STATE OR FOREIGN 76 COUNTRY)	Cauc. CITIZEN OF WHAT COUNTRY?	6-20-26 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	
The day	10 C	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	WIDOWED DIVORCED DIVORCED DIVORCED	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	126 KIND OF BUSINESS OR INDUSTRY
35	13o	AL RESIDENCE (IF NURSING HOME OR OT) STATE 13b COUNTY	HER INSTITUTION GIVE RESIDENCE BEFOR	ADMISSION) 136 INSIDE CITY LIMITS? YES NO P	13. STREET ADDRESS / ZIP COD 2406 Susau	and I
1062		MID	Staylo	IS. MOTHER'S MAIDEN NA	ADDRESS	Hubbard
he medic		YES, NO OR UNKNOWN) (IF YES GIVE W	216-20	-5088 Linda Fo	x westmil	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
that the death carticology the attending physicial remove carbon paid, compared to the control of the control o		PART I. DEATH WAS CAUSED B IMMEDIATE C Conditions, if ony, which gave rise to immediate cause tal, stating the underlying cause lost.		ENCE OF OF	EL CARINCOMA ELUNC	
equires n signed Then plant to burn injury, o	NO	PART 2 OTHER SIGNIFICANT COI	nditions <u>contributing to</u>	DEATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION GI	VEN IN PART 11a
The fow in our control of the permit in permit	CERTIFICATION	19a DATE OF OPERATION		OPERATION WAS PERFORMED	YES NOW Y	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
rSician fing physic centrol mentol from Mentol Hyg	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. IN JURY OC CURRED	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY	AY YEAR 19 211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18	S-MANAGE
offer the Standard of the Stan	A	NOT WHILE AL WORK	(AT HOME STREET, FACTORY OFFICE.	FARM ETC) STREET	CITY OR TOWN	COUNTY STATE
TTEND pholo TOR A for use of Heal		22a I certify that (1) this hospital saw the deceased alive on abave (1) well (did) (did not)	1.1	7. and that i (my) our) opinion	death accurred an the date and ha	ur and from the couses stated
AL OR A the hos AL DIREC Setsiched setsiched Tr. II hem		226. SIGNATURE	Jonesham	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	11/32/87
HOSPIT Dined by O FUNER ould be of the Sto		HOWARD &		215 NASHING	TON HETS WEST	MINISTED MO,
25 67 5 51	220	DUDIAL CREMATION DEMOVAL	221 DATE 22.	NAME OF CEMETERY OR CREMATORY	1224 LOCATION	

23d LOCATION

23c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84

230 BURIAL, CREMATION, REMOVAL

Buria

24 FUNERAL DIRECTOR

(VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	July 1	1/4	1	
	100	4.5	1	
23	mel	. 3		
014 03				

- 1	0	REGISTRAR					-	REG. NO	Э.			
		CEASED NAME FIRST		AIDDLE	1 110 4	AST C	2a D	-30-87	MONTH	DAY YEAR	2b HO	. /
	3. SEX	Прис	4 RACE	4	S. DATE O	E RIDTH	6 AC	00	THDAY)	IF UNDER LYEAR		R 2a MRS
	3. SEA	Female	WHIT	E	MONTH			78	YRS	MONTHS DATS	HOURS	MIN.
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COU	NTRY? 8	D NEVER MARRIED	9 BA	LTIMORE CITY O	R COUNT	Y OF DEATH		100
1	-	ennsylvania	US		WIDOWE	D DNORCED		Carroll C	ount		- 110	MD.
1	1	TY OR TOWN OF DEATH	(IF NOT IN SUC	H FACILITY, GIVE	STREET ADDRESS)	R OTHER INSTITUTION	TYPE	USUAL OCCUPATION OF WORK FOR MOST O	F WORKING	176 KIND C	F BUSIN	IESS OR
9		estminster AL RESIDENCE HE NURSING HOME OF	Carro		<u>inty Gene</u>	ral Hosp.	1 1	<u>lousewife</u>				
4	13a S	aryland Balt		13c. CITY OF		13d. INSIDE CITY LIMITS YES NO NO	13	TREET ADDRESS /	ZIP COD Hanov		211	136
5	5	THER'S NAME William	WIDDLE	Moff	at	Mary	NAME	WIDDIE		Ca l'Î	away	y
7		VAS DECEASED EVER IN U.S. AR	MED FORCES?	16b SOCIA	SECURITY NO.	17 INFORMANT		ADDRE				
6		No		374-2	26-4358	Gail A. Fr	rantz	SA	Α			
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	D 8Y.	line for (o),	in and ich	rient		13.3		BETWEEN	MATE INT	D DEATH
	1.00	IMMEDIA	E CAUSE 10)	-4010			-	,		1 1	nu	
	100	Conditions, if any, which	DUE TO, O	R AS A COX	SEQUENCE OF	du haar	ta	esease	2 -	40	41	1
		gave rise to immediate cause (a), stating the	(6)_	00/0-		7 02	, ,					
		underlying couse lost.	DUE TO, OI	R AS A CON	SEOUENCE OF							
		PART 2 OTHER SIGNIFICANT	ONDITIONS CO	ONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO THE TI	TERMINALI	DISEASE OR CON	DITIONG	IVEN IN PART I	0	
,	NO O											
7	CERTIFICATION	190 DATE OF OPERATION	19b COND	ITION FOR V	WHICH OPERATION	N WAS PERFORMED		a AUTOPSY?	IN CERT	ES, WERE FINDI IFYING CAUSES 'ES [7]		ATH?
	ERT	71a ACCIDENT WAS UNDERLYING	7 216. TIME O	F IN IURY		21c. HOW INJURY OCC					NO	
1		OR CONTRIBUTING CAUSE OF DE	HOUR A.	M. MONT	H DAY YEAR		· commes (ENTER NATIONE OF THE		, , ,		
7	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	21e PLACE		19	211 LOCATION						
	ME	WHILE NOT WHILE AT WORK			OFFICE, FARM, ETC.)	STREET		CITY OF TO	WN	COUNTY		STATE
		220.1 certify that (I) (thu have	attended th	e deceased	from 1243	30/8/4, 19_		0_11-	30	1987	thot [l)	(ac) lost
		saw the deceased alive or above (1) (we) (did) (did to		after death.	_19, or	nd that in (my) (our) opin	nion deoth	occurred on the de	ate and ha	our and from the	couses s	toted
		77h SIGNATURE	MA	11		DEGREE		DIC.I. ST.		22c. DATE	SIGNED)
		viag)	V/V9	an		ATTENDING PHYSICIAN		ECTOR PHYSIC		11/	30	187
		CRAIG G	+ABER	m	D.	17e ADDRESS 5 C	15/3	tley,	ZUN	may?	211	3
		BURIAL, CREMATION, REMOVAL	23b DATE		23c. NAME OF C	EMETERY OR CREMATO		Id LOCATION CITY OF TOWN		COUNTY		STATE
		Burial	12-2-	87	Evergre	en Memorial		Finksbur		Carroll		Md.
		uneral director El 1996 Funeral H	omo Do	ictorAR	town. Md		BATE REC	2 1987	75b REGIS	STRAR'S SIGNA	TURE	J. Silver
		cime runeral f	ume ke	12 FEL.2	LUWII . I'IQ	. 41130 °		- 1001				

Elime Funeral Home Reisterstown, Md. 21136

DHMH - 16 60M 7/84 (VRA 15, 4)

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DHMH - 16 60M 7/84 (VRA 15, 4) Son F'25 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

STATE OF MARYLAND

ALL TO COULD BY Carried a committee of the committee of situd avab T biva 217-31-0520 advand 3. Managa Nel Tabler, 30, 311 . Da Ilores grotshir Makromed remarks to co. co. Though I. Flater A con C. L. 1987 Language Translation

BP. DHMH - 16 60M 7

(VRA 15, 4)

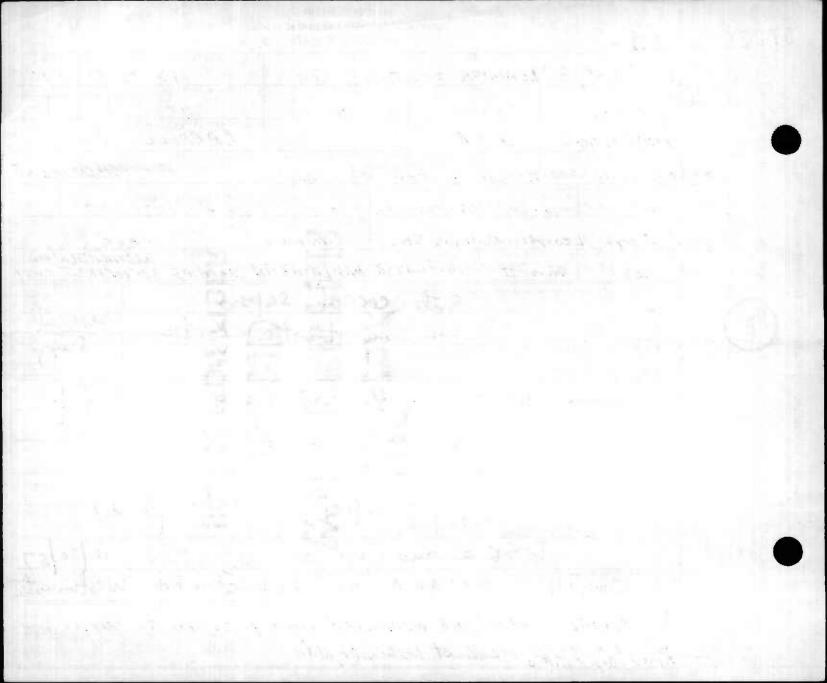
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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JA	13	STATE RECISTRAR				CERTIFIC	ATE OF DEATH	8	REG. I	¥ ~ 3	-3	100	
		CEASED NAME	FIRST		DLE	LAST		20	DATE OF DEATH	MONIH	DAY	YEAR	26 HOUR
	(,	Jose4	7.4 L	EANDE	R m	9 THIA	SJR			12	30	87	1430 M
1D	1_SE)	,	4	RACE		5. DATE OF I	BIRTH YEAR		GE (IN YEARS LAST B	RTHDAY	MONTHS	RIYEAR DAYS	IF UNDER 24 HRS HOURS MIN.
		MALC		WHI	te	01	30-09	7	7	18 YRS			
7	III BI	RTHPLACE (STATE OR FO	OREIGN 7	1	HAT COUNTRY	MARRIED (NEVER MARRIED	9 B	ALTIMORE CITY	_		ATH	
2	1	NARYLAN	0	4,5.	H.	WIDOWED [DIVORCED			077		0,	MD.
1	10 CI	TY OR TOWN OF DEA	TH 1		SPITAL, NURSI ACILITY, GIVE STREE		OTHER INSTITUTION		USUAL OCCUPA PE OF WORK FOR MOST		LIFE) INC	DUSTRY	BUSINESS OR
2		ARROll		Afroll		er H	OSPITAL				1	non	amen
72	13a. S	AL RESIDENCE (# NURSI	136 COUNT		CITY OR TOV	VN	d. INSIDE CITY LIMIT	TS? 13e.	STREET ADDRESS	4	DE C	//	15/
-	/	nd	CAK	roll !	Destm		MOTHER'S MAIDE		32 N.C	ent	CR	57	
61	FA	THER'S NAME		IDDLE	EAST	- 0	FIRST		MIDDLE			LAST	
	1	- 0	-	eer Mail			MINI	VIE	ADD		AL		
1		VAS DECEASED EVER	(IF YES GIVE	WAR OR DATES)	66 SOCIAL SEC 214-01-	1700	INFORMANT	Ollal		0			EXMA.
		9E5					MIS EATH	RYN	MAINTE	> 22	CEN		
		18 CAUSE OF DEATH PART I. DEATH W.			e for iol, Ib Aa	nd ici	cal.	402	Sin			BETWEENO	AATE INTERVAL
			IMMEDIATE	CAUSE (o)	end					h	-	Car	1 2 2 1
				DUE TO, OR	AS A CONSEQU	ENCE OF	tone	0 1	uloci	Tan		-0/	my.
		Conditions, if ony, gave rise to imm	nediote	16)	w	may up	(Auto		0			d	DW -
		underlying cause		DUE TO, OR	as a consequ	JENCE OF			Grant Control				0
		PART 2 OTHER SIGN	JIEICANT CO	ONDITIONS CON	ATRIBUTING TO	DEATH BUT NO	OT RELATED TO AHE	TEDAINA	DISEASE OR CO	NDITION (SIVEN A	PART 1	
	NO	Seve	e c	HT 20	to Ch	1.12h	heart	_1/	eare,	Clin	at	har	th
1	CERTIFICATI	190 DATE OF OPERAT	ION	196. CONDIT	ON FOR WHICE	H OPERATION	WAS PERFORMED	2	00 AUTOPSY?	20b. IF	YES, WER	EFINDIN	GSUSED OF DEATH?
7	TIE								ES NO		YES 🗌		NO 🗌
1		210. ACCIDENT WAS UND		HOUR A.M	INJURY MONTH [IC HOW INJURY OF	CCURRED	(ENTER NATURE OF IN	JURY IN ITEM	18 PART I OF	PART 2)	
4	CAL	(IF EITHER NOTIFY MEDIC		P.M		19							
/	MEDICAL	214 INJURY OCCURR		21e PLACE OF	F INJURY T FACTORY, OFFICE		II LOCATION STREET		CITY OR	TOWN	CC	YINUC	STATE
	^	AT WORK AT WOR	RK				1.2	-		4/1		-	
		22a.l certify that (I)				0.7	that in July) (pur) ap	vision dont	to	data cod	1. 19.		hat (II (we) last
		sow the decease above, (I) (we) Le 22b. SIGNATURE	id) (did not	view the body a	te death.	-	GREE	onmon dean	n occorred on the	dole dia	-	DATER	
		226. SIGNATURE	L	7510	ala	DE	ATTENDI			AFF	1.	12/	30/07
- 1		22d. PHYSICIAN'S NA	AAF ITYPE OP	PRINT		٠,	PHYSICI PR ADDRESS	AN DI	RECTOR PHYS	ICIAN [18/
		DINE	3H	S. K	ALAK	ZIA I	908 W	ash	noton	Rd	u	Jest	must
+	77- 1	BURIAL, CREMATION,	DEMOVAL	23b. DATE	122.	NAME OF CEA	NETERY OR CREMAT	ORY I	23d LOCATION				
		ISPECIFY BURIA	REMOVAL	JAN. 7	1988 W	_	STER CEMI	0	CITY OR TOWN	MAICTO	COUN	ACR O	(MAD
	24 FI	UNERAL DIRECTOR		17/10.2	7000 10	EJININ.			C.D. BY REGISTRA				h. di
/B4	7	about A M	14000	- 91 Will	lis Sypress	les Trins	ter, Md.	0	5 1008	1 20 10	CAN Expedient		



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CERTIFICATION

STATE OF MARYLAND		
DEPARTMENT OF HEALTH AND MENTAL	HYGIENI	,
CERTIFICATE OF DEATH	o .	E.

CERTIFICATE OF DEATH	REG. N	10.	4			
che morrill	20. DATE OF DEATH	MONTH 12	6	87	26 HOU	5/
S. DATE OF BIRTH May 25, 1912 FAR	6. AGE (IN YEARS LAST B	RTHDAY)	MONTHS	DAYS	IF UNDER	24 HRS MIN.

12b. KIND OF BUSINESS OR

NO [

STATE

STATE

COUNTY

INDUSTRY

Ave. 21136

Taylor

radie 3. SEX 4. RACE White Female To. BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Carroll Co. Md USA Carroll Co. Md WIDOWED DIVORCED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Westminster (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Westminster Nursing Center Housewife USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION Balto. Reisters town 13d. INSIDE CITY LIMITS? 18 Woodley Md. NO [ATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Alvin Shaffer Sadie 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES NOR UNKNOWN) (IF YES, GIVE WAR OR DATES) 217-01-4666 Mr. Edward Turnbaugh Owings Mills, Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse lost

lan

PART 2. OTHER SIGNIFICANT CONDITIONS THE TERMINAL DISEASE OR CONDITION IN EN IN PART TIG

YF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY IN CERTIFYING CAUSES OF DEATH? YES T

210, ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER P.M 19 214 INJURY OCCURRED

220.1 certify that H (this hospital) attended the deceased fram

21a. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM, ETC.)

214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 211 LOCATION

and that in (my) (ow) opinian death accurred on the date and have and from the causes stated

CITY OR TOWN

saw the deceased alive ar obove, (1) (we) (did) (did, lot) view the body after death 226 SIGNATURE DEGREE ATTENDING MEDICAL

22e ADDRESS

22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

23a. BURIAL, CREMATION, REMOVAL Burial

NOT WHILE AT WORK

- STATE 8 R REGISTRAR I. DECEASED NAME (TYPE OR PRINT)

> 23L NAME OF CEMETERY OR CREMATORY 23d LOCATION Reisterstown Methodist

Reisterstown;

24. FUNERAL DIRECTOR Eline Funeral Home Reisterstown, Md.21136

12/9/87

236 DATE

250. DATE REC'D. BY REGISTE AR 256. F. GAS DADES

DHMH - 16 50M 4/82 (VRA 15, 4)

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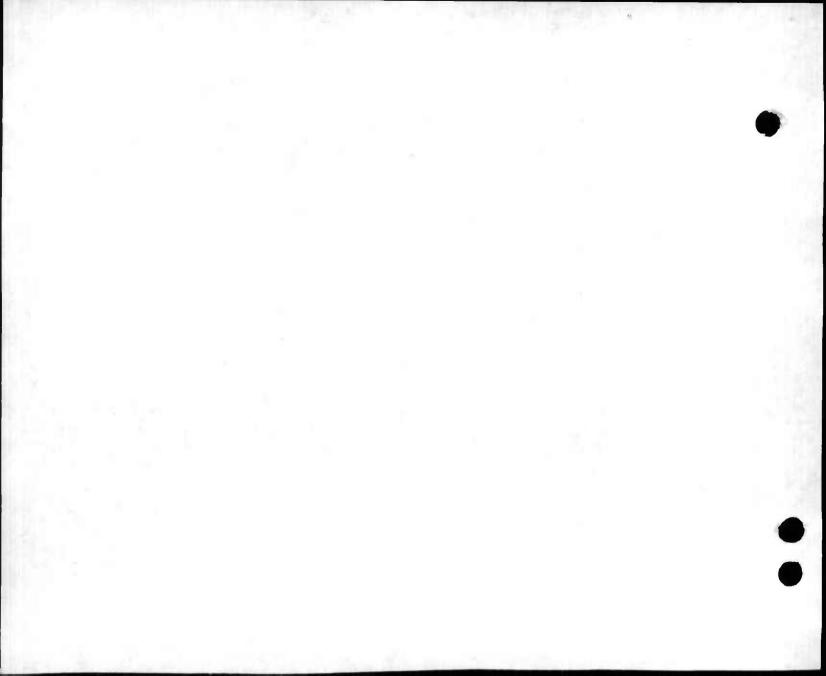
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CERTIFICATE #87 35482



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in by the funeral director, page 3 📞

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	1.2	2	45	0	-
-	REG. NO.				

	1 -	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG	IENE REG. N	0 5	4 3	3
22		CEASED NAME FIRST OGORET	ta. Ĝ	race	mi	uford	20 DATE OF DEATH	MONTH DAY	YEAR S	11:53 A
2	3 SE)	-emale RTHPLACE (STATE OR FOREIGN	1. RACE	VHAT COUNTRY?	5. DATE O		6 AGE (IN YEARS LAST BIR 88	YRS	NIHS DATS	FUNDER ZAHRS HOURS MIN
3		Virginia TY OR TOWN OF DEATH	US	A	WIDOWE	D NEVER MARRIED DIVORCED DIVORCED DO OTHER INSTITUTION		1 Count	у,	MD BUSINESS OR
0		Mt. Airy AL RESIDENCE IN NURS HO ME	Pleas	ant View	Nurs:		TYPE OF WORK FOR MOST O	OF WORKING LIFE)	INDUSTRY	BUSINESS OR
L	Ma Ma	ryland Bal		Baltimor	٧	13d. INSIDE CITY LIMITS? YES NO 🔼	13 STREET ADDRESS	Shiel	Rd. 2	1234
5	0	THER'S NAME FIRST John	Henry	Glass		15 MOTHER'S MAIDEN NAME FIRST	MIDOLE		Good	
2		VAS DECEASED EVER IN U.S. A (ES, NO OR UNKNOWN)	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECUR		17 INFORMANT	len G. Glas		Item 13	
		Conditions, if any, which gove rise to immediate cause (0), stating the underlying cause last	DUE TO, OR DUE TO, OR DUE TO, OR (c)	AS A CONSEQUE	NCE OF	oscleration h				ATE INTERVAL SET AND DEATH
1	CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO I			man	trost in	200 AUTOPSY?	20b IF YES, V	VERE FINDING	
1	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED	HOUR A.M (ER) P.M 21e. PLACE O	A. MONTH DA	19	211. LOCATION STREET	RED (ENTER NATURE OF INJU		ORPARI 2)	STATE
/		WHILE DOLL WHILE DAT WORK 220.1 certify that the decrease of an above the decrease of a above the decrea			7.0	nd that in(my) our) opinion of DEGREE	death accurred on the d	FF		
		22d. PHYSIC (M'S NAME (TYPE Ronal (DE MIL	er, M.D.		220 ADDRESS 4 Culwell Dr	The sales		1771	
	(URIAL, CREMATION, REMOVA SPECIFY) Burial	Dec. 14,			Forge Garden	zad LOCATION CITY OR TOWN King of	Prussi	a, Pa	STATE

Olin L. Molesworth, P.A., Damascus, Md.

DHMH - 16 60M 7/B4 (VRA 15, 4)

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and the same to part the				
		estanting, .A. Lits		

07528	2 05	1.	FOR STATE REGISTRAR	DEPAR		EALTH AND MENTAL HYC ICATE OF DEATH	SIENE / REG. N	10.	•	
4 60	2 00		NAME FIRST Beul	al E.	Oct	born	20 DATE OF DEATH	MONTH DAY		7:48 M
ge 4 mon		1.56		1 RACE	S. DATE O	F BIRTH - 29 - 88	6 AGE TINYEARS LAST BE	RTHDAY) IF UNDE	DAYS C	HOURS MIN.
de de la	-80		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? B MARRIET	□ NEVER MARRIED □	9 BALTIMORE CITY		ATH	
1 15	1	M	aryland	U.S.	WIDOWE	DIVORCED [Carro	el Co.		MD.
6 th the	30	0 0	yposicle	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREET	ET ADDRESS)	ROTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST)	OF WORKING LIFE) IND	KIND OF	BUSINESS OR
M hour Med in Med in Med in	800	Hau.	TATE 138 COUN		ORE ADMISSION)	134. INSIDE CITY LIMITS?	13e.STREET ADDRESS			21136
A 1	1		THERS NAME Balt	imore Reiste	rstow	NYES NOX		easant G	rove	Road
A 1	131	7	FIRST	MIDDLE (AST		FIRST	MIDDLE	M	LAST	
9 9	182	۷ ر 16۵	John Vas dece ased ever in u.s. ar	Perego		Elizabe	ADDR		ers	
ON IN	1/	1	ES, NO OR UNKNOWN) (IF YES GIV	VE WAR OR DATES) 217-20	-490/	BMrs.Doroth	ny Chanev	. Reiste	rsto	own . Md
HALT NOON Person	4		18 CAUSE OF DEATH (Enter or	nly one couse per line for (o), (b), o		1 1 1	2.3 022003			ATE INTERVAL
ortho proby	tuno.		PART 1. DEATH WAS CAUSE IMMEDIA	TE CAUSE (0) Rusm	satore	Anest			mi	nutes
ON S	al of	10		DUE TO, OR AS A CONSEO	UENCE OF	21	4 11		.04.4	.h.
deco deco	roum		Conditions, if ony, which	(b)		Chronic Hear	it tailure		mu	nins
W the state of the	of cremo		gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQ	UENCE OF	Abrial Tita	Malon		mo	rthz
RDS, 20	r to burry, o	NO	PART 2 OTHER SIGNIFICANT	conditions contributing to		NOT RELATED TO THE TERM	AINAL DISEASE OR CON	IDITION GIVEN IN	PART Ita	
A RECO	9	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR WHIC		N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING O		
AN Table To the Ta		0.7741	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	110110 1 14 14001511	DAY YEAR	216 HOW INJURY OCCUR		JRY IN ITEM IS PART I OR	PART 21	
No Control	1 2/	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINED	P.M. 21e PLACE OF INJURY	19	211 LOCATION				
7500 F	o pe	WE	WHILE ON NOT WHILE O	(AT HOME STREET, FACTORY, OFFICE	FARM ETC	STREET	City OR to	DWN CO	YTHUC	STATE
DING OF STATE	mod		270 L certify that (1) (this haspi	ital) attended the descased from	Sup	1 19 10 87	deat	4 10	th	of (I) (we) lost
ATT AND S	21 k			NOV 19 19	CIA	d that in (m) (our) opinion	death occurred on the c	tote and hour and f		. , , ,
A port of the body	1.1		22b SIGNATURE	y view the body offer deoth.	ī	DEGREE		27	2c. DATE SI	IGNED
A 4 4 8	te .		1111/18	1 Tray	M	ATTENDING PHYSICIAN [MEDICAL STA		12	1/87
d by NER	ORTAN		224 PHYSICIAN'S NAME LIVE C	OR PRINT)		22e ADDRESS		0	76	41.4 15
D HO PO FU	# # # 6087		MKM	Evoy		10 130x	1229	SYKESV	WLE	MID
23 23			URIAL, CREMATION, REMOVAL		NAME OF C	EMETERY OR CREMATORY	23d LOCATION	COUN	NTY	STATE
BP		E	urial	12-7-87 P1	easan	t Grove Cer	m. Upper			Md.
DHMH - 16 6		24 FI	INERAL DIRECTOR	ADDRESS		0.0	REC'D. BY REGISTRAF	25b. REGISTRAR'S	SIGNATUR	RE
(VRA 1:	5, 4)		- me runeral	Home, Hamspt	ead.	1d DE	6 1 3 1987	Les Kin	1 my	Peles

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

_		FOR
1	-	STATE
		REGISTRA

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	-	1	G.	La .
V	50	14	3	4
13	-			

Ш		REGISTRAR							REG. NO	100			
		CEASED NAME FIRST		AIDDLE	17	157		20. DATE OF E	DEATH MOR	AG HIV	Y YEAR	26 HOUR	
1	Titre	Kalph		C	Pe	20/0			11	-24	5-87	340 A	M
-1	3 SEX		4. RACE		5 DATE O			6 AGE IN YEA	ARS LAST BIRTHDA		UNDER I YEAR	IF INDER 23 HI	_
	1	malo	Cano	asian	MONTH	26	DU.	8:	3	YRS V.C	NIHS DATS	HOURS MI	iN.
1		RTHPLACE (STATE OF FOREIGN		WHAT COUNTRY?	8			9 BALTIMOR	E CITY OR C		F DEATH		
2	n	nAluland	1)	92	WIDOWE	NEVER M	ORCED	Cari	1100	00.	nt.		MD
1	10 CI	TY OR TOWN OF DEATH		OSPITAL, NURSIN	G HOME O		TUTION	120 USUAL O			126 KIND O	F BUSINESS (OR
1	les	restminster!	Carro	H FACILITY, GIVE STREET	eran	Villa		TYPE OF WORK P	em Ek	ORKING (IFE)	RETIR	.ED	
2		AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	13d INSIDE CI		13e STREET AS	DDDESS / 71	R CODE	7	hurmon	干
5	ň	h	ederick	-	ont			12916	CPFA	GER	Staun	RA. D	1788
Λ		THER'S NAME		111011			MAIDEN NAM	NE .		U C/C	- 10.0011	100.00	1-100
		Charles	WIDDLE	Parle		Li	IRST 1		WIDDIE		PORT	NER	
5		VAS DECEASED EVER IN U.S. A		166 SOCIAL SECU	RITY NO.	17 INFORMAN	NT (C	ADDRESS ROB HOT	ICKEW	ILLE R	D	_
1	1,4	ES NO ORLINKNOWNI (IF YES G	NONE DATES	216-22	-2005	CHARLES	R. POO				MD. 21		
		18 CAUSE OF DEATH (Enter of	nly ane cause per	line far (a), (b), an	d ic-			+-		-	BETWEEN	MATE INTERVAL	TH .
		PART I. DEATH WAS CAUS	ED BY TE CAUSE (0)	Carding	rulmo	nary	ans	1					
				R AS A CONSEQUE	NCE OF .		0.0		4	-	100	1	
		Canditions, if any, which	(b)	acu	to M	your	deal -	Infar	elian				
		gave rise to immediate couse 101, stating the	DUETO	R AS A CONSEQUE	NCE OF	0	4,4	U					
		underlying couse lost.	(6)	1 1 -	ippe	luster.	duen	i					
		PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELATED	TO THE TERMIN	NAL DISEASE	OR CONDITI	ON GIVE	V IN PART 1:0		_
	NO		NIT										
0	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPS									WERE FINDIN		
1	E	NI	7			YES NO YES YES						NO [
	88	218. ACCIDENT WAS UNDERLYING		FINJURY M. MONTH DA	AY YEAR	21c. HOW INJ	URY OCCURRE	ED (ENTER NATU	JRE OF INJURY IN	ITEM 18 PAR	I I OR PART 2)		
2	CAL	OR CONTRIBUTING CAUSE OF ON	~y. X .		19								
	MEDICAL	214 INJURY OCCURRED	1 21e PLACE	OF INJURY		21f. LOCATIO	N		CITY OR TOWN	300	COUNTY	STATE	
	Z	WHILE AT WORK AT WORK	1 IN HOME SIK	EET PACTORY, OFFICE P	AKM EIC]	June							
		22a I certify that (1)(this hosp	ital attended the	e deceased fram _	11	- /	19 85		11-24	, 19	ZZ.	tho (we) I	last
		sow the deceased alive above (1) (we) (did) (di 1)	at view the body	alter death	8 7_, an	d that in 🔞 (our) apinion de	eath occurred	on the date	and hour	and from the	couses stated	
		22h SIGNATURE		0.0	[DEGREE		12 12 13	48.4	14.7	22t. DATE	SIGNED	
		John W/	mill	litim		A' P	HYSICIAN	MEDICAL	STAFF PHYSICIAN		1111	24/8	7
1		224 PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS		1.11	,	, /	1		
		John W.	mide	luton		625	6 Ba	It B	had l	Nes	lmer	reter !	nd
		URIAL, CREMATION, REMOVA	L 236 DATE	23c 1	AME OF CI	EMETERY OR C	REMATORY	23d LOCAT	ION			211	37
	(BURIAL	11/30/	87 RES	STHAVE	N MEM.	GARDENS		RTCK		ERICK	MD.	
	24 FU	INERAL DIRECTOR	00	6		MAIN ST		REC'D BY RE	CICIDADISE	DECLERA	DIC CHONIAS	LIDE	
	ROB	BERT E. DAILEY	& SON, P.	A. THURMO	NT.MD	.21788	UEC	7 198	31. 14	المالة مناكلة	AKS SIGNAL		3
													-

DHMH - 16 60M 7/84

(VRA 15, 4)

6 379 116-307 189 Y 330

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO MONTH 26 HOUR IF UNDER ! YEAR IF UNDER 24 HRS YRS 12h KIND OF BUSINESS OR INDUSTRY Instructor stinghouse MIDDLE Dacev IN CERTIFYING CAUSES OF DEATH? NO YES [CITY OF TOWN 22¢ DATE SIGNED STAFF

- STATE CERTIFICATE OF DEATH REGISTRAR 2a DATE OF DEATH DECEASED NAME LIYPE OR PRINTE MARtir 3. SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) BALTIMORE CITY OF COUNTY OF DEATH I STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) York New DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) WSUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS / ZIP CODE 3a. STATE 134 INSIDE CITY LIMITS? YES DE 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE FIRST Julia Finksburg ADDRESS 166 SOCIAL SECURITY NO. 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Leona Quinn, 1720 Doe Drive 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Canditions, if ony, which gave rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY STREET AT HOME STREET FACTORY OFFICE FARM ETC) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from... 11/26 1087 sow the deceased olive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above (1) (we) (did) (did not) view the body after death 226 SIGNATURE DEGREE MEDICAL ATTENDING DIRECTOR PHYSICIAN PHYSICIAN_ 224 PHYSICIAN'S NAME (1 22e ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL CREMATION, REMOVAL 23b. DATE CITY OR TOWN (SPECIFY)

Westminster

DHMH - 16 60M 7/84 (VRA 15, 4)

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24 FUNERAL DIRECTOR Pritts, Westmister, Md.

BY REGISTRAR 156 PEGISTRAR 5 SIGNATURE 25a DATE REC'D

estminster Carroll

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STATE OF MARYLAND DEPARTMENT CE

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RT	FICATE	OF	DEATH	6	1	

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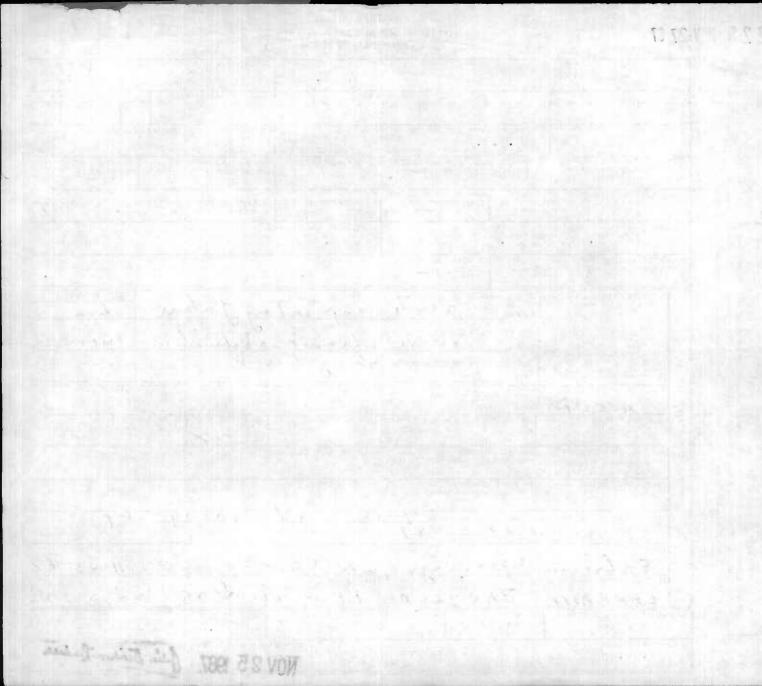
	REGISTRAR						REC	3. NO.		
	PE OR PRINT)	HARRY		VER		EESE, JR.	20. DATE OF DEAT	11/22	/87	6:20PM
2.5	MALE		4 RACE WHIT	E	5 DATE C	DF BIRTH 1/01/04 YEAR	6 AGE (INYEARS LAS	ST BIRTHDAY) YRS	MONTHS DAYS	IF UNDER 24 HAS
1	BIRTHPLACE (STATE OR COMMARYLAND		U.S.	WHAT COUNTRY?			9 BALTIMORE CIT CARROL		Y OF DEATH	MD.
	WESTMINSTE	ER	1705	UNIONTOWN	PD RD.	dr other institution	170 USUAL OCCU			IN
124	JALRESIDENCE (# NURS	136 CAT		GIVE RESIDENCE BEFORE		13d NODE CITY LIMITS?	130 ST 1962 DOM	forton	RD.	21157
	HARRY C.			LAST		15. MOTHER'S MAIDEN NA MERSTIDA		.E	LA	ST
160	WAS DECEASED EVER	IN U.S. AR	MED FORCES?	214-36-		HELEN V. RI		1705	UNIONT	OWN RD.
CERTIFICATION	Conditions, if any, gave rise to improve to improve to stating underlying cause PART 2 OTHER SIGN A S C 19a DATE OF OPERA	mediote ng the last	DUE TO, OI		NCE OF	Mot related to the TERM	20a AUTOPSY?	20b. IF YE	ES, WERE FINDI	NGS USED OF DEATH?
TERT	710. ACCIDENT WAS UNE	DERLYING [7 216. TIME O	FINJURY		21c HOW INJURY OCCUR	RED (ENTER NATURE OF		PART I OR PART 21	но 🗌
HIST	OR CONTRIBUTING		184	M. MONTH DA M.	Y YEAR	500000				
MEDICAL	21d INJURY OCCUR		21e PLACE (OF INJURY EET FACTORY, OFFICE, FA	RM, ETC]	218. LOCATION STREET	CITY	DR FOWN	COUNTY	STATE
	270.1 certify that (I) sow the deceose above, (I) (we) (c) 27b. SIGNATURE 27b. PHYSICIAN'S NA	ed olive on did (did no	t view the body	after death.	7. on	22e ADDRESS	MEDICAL DIRECTOR PH	STAFF YSICIAN [SIGNED
23a	BURIAL CREMATION, ISPECIFY BURIAL		236 DATE		AME OF C	EMETERY OR CREMATORY REEK CEMETERY	238 LOCATION	- 1	INDSOR C	ARROLL M
24	FUNERAL DIRECTOR		11/2	.5/01 1.	LI LI O.		F REC D. BY REGISTE			

DHMH - 16 60M 7/84 (VRA 15, 4)

DAME D. HARTZLER

NEW WINDSOR, MD

NOV 25 1987 Julia Benton Rudos



DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

.5	5	4	Ö	3
REG. NO.				

1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH STATE REGISTRAR							
15	DEGEASED NAME	FIRST	MIDDLE	IAST	20 DATE OF DEATH MONTH	DAY YEAR	2b. HOUR	
	ETHEL		L Rev	NOLDS	12	9 87	0100 M	
1	SEX	4 RACE	S. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS	
	Female		te 6	23 1893	9.4 YE		HOURS MIN	
70	BIRTHPLACE (STATE OR COUNTRY) VA .	FOREIGN 76 CITIZEN OF	F WHAT COUNTRY?	D NEVER MARRIED DIVORCED	Carroll Coun	,	MD	
M.	Westminste	(IF NOT IN SI	HOSPITAL, NURSING HOME (JUCH FACILITY, GIVE STREET ADDRESS) COUNTY BENEVO	- 1 1/ 4	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN NOUSEKEEPE	CUEL INDUSTRY	tel	
1	SUAL RESIDENCE IN NUR. B. STATE MD.	136 COUNTY Carroll	N GIVE RESIDENCE DEFORE ADMISSION) 131, CITY OR TOWN WESTMINSTEIL	13d. INSIDE CITY LIMITS? YES NO K	1604 Bolling	ope ger Rd.	21157	
14	FATHER'S NAME John	Louis	Clarke	15. MOTHER'S MAIDEN NA Ma ry	Agnes	Park		
16	a WAS DECEASED EVER	DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Westminster 165 Md. O OR UNKNOWN) (IF YES GIVE WAR OR DATES) 18 SOCIAL SECURITY NO. 17 INFORMANT Westminster 165 Md. 218-22-2046 Rita Lieby, 1563 Bolling						
r	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) TATESTINAL DISTRUCTION						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH HOURS	
2	gave rise to im couse (a), static underlying couse PART 2 OTHER SIG	NIFICANT CONDITIONS	OR AS A CONSEQUENCE OF CONTRIBUTING TO DEATH BUT FORT DISERSE DITION FOR WHICH OPERATION	CHRONIC GEST			NGS USED	
MEDICAL CERTIFICATION	OR CONTRIBUTION OF				RED (ENTER NATURE OF INJURY IN ITEM	YES OR PART 2]	NO []	
	21d INJURY OCCUR	RED 21e PLAC	P.M. 19 E OF INJURY STREET FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OF TOWN	COUNTY	STATE	
	sow the decea) (this hospital) attended sed alive an did) (did not) view the boo	12/0 19 87	ind that in (my) (aur) opinian	deoth occurred an the date and		that <u>th</u> (we) last causes stated	
7	22d. PHYSICIAN'S N	AME (MIN PRINT)	was &	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	10/9	(8)	
2	Burial, CREMATION	12/:	10/87 Loudo	n Park Cem.	23d LOCATION CHYORTOWN Baltimore	COUNTY	STATE Md.	
2	Robert K	412 Washi Pritts, S	ngton rd. r., Westmins		TE REC'D. BY REGISTRAR 16 RE	GISTRAR'S SIGNA	URE	

DHMH - 16 60M 7/84 (VRA 15, 4)

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DHMH - 16 60M 7/84

(SPECIFY)

Burial

24 FUNERAL DIRECTOR

(VRA 15, 4)

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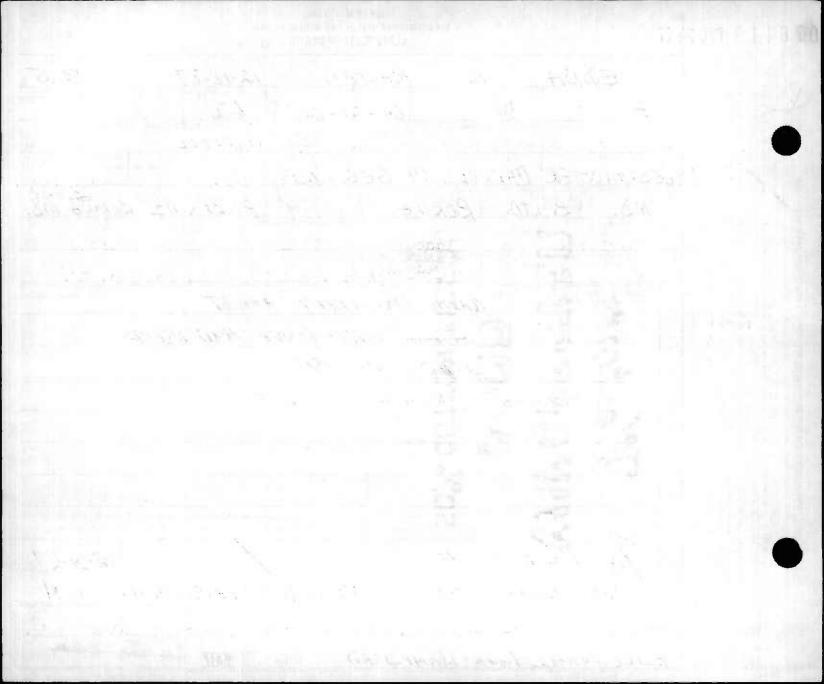
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Cemetery

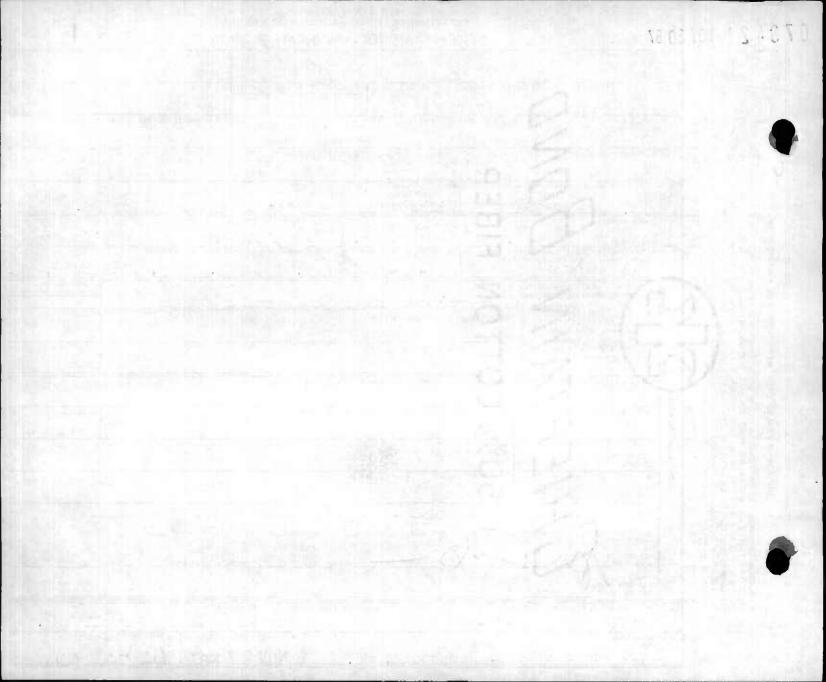
CITY OR TOWN

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Md.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 073421 NOV MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME 20 DATE KNOWN DAY 7b. HOUR LTYPE OR PRINT) OF ESTI-DEATH MATED LAVERNE RUBY 18 87 19 5. DATE OF BIRTH IF UNDER 24 HRS DATE 2d HOUR YEAR LAST BIRTHDAY) PRONOUNCED 9,30 45 YRS DEAD Male White 19 87 TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED * NEVER MARRIED FOREIGN COUNTRY Marvland WIDOWED -DIVORCED Carroll County B. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY (van) Sullivan Rd. Westminster Truck Driver Feed SUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE REFORE ADMISSIONI 136. COUNTY 130 STATE 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Finksburg 2009 Carrollton Rd. YES NO B Carroll 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE FIRST LAST O'Keefe Kenneth Ruby, Sr. Pauline 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 215-42-0647 Mrs. Betty L. Ruby, Finksburg, Md. BURIAL - TRANSIT PERMIT. PAG AND MENTAL HYGIENE, DIVISI ATION, OR REMOVAL. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). SETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO. OR AS A CONSEQUENCE OF AINER: THIS CERTIFICATE SHOULD BE EXECUTED V FICATE, WRITING THE WORD "PENDING" IN PER CE FORWARDED TO THE CHIEF MEDICAL EXAM CEME, PAGE 3 SHOULD BE USED AS A BURIAL - I THE STATE DEPARTMENT OF HEALTH AND MEN LAND, 21201 PROR TO BURIAL, CREMATION, OI lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 In 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 21g. EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 714 INJURY OCCURRED 21e PLACE OF INJURY (ATHOME, 211 LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST. BALLIMORE, MARYLAND, 2 X 220. I certify that I took charge of the remains described above, held an Autopsy Inspection Homicide . death resulted fram: Natural couse Accident Undetermined monner TITLE (SPECIFY) Deputy Chief DATE 11-18-87 SIGNATURE Ann M. Dixon, M.D. EXAMINER'S NAME 111 Penn St., Balto., MD 21201 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY Burial Md. Green mount Cemetery Hampstead Carroll 07/84 24. FUNERAL DIRECTOR 250. DATE REC'D, BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 Eline Funeral Home, Hampstead, Md (VR A15 ME (5))



FOR

	STA	TE	OF	M	ARYL	AND	
ENT	OF	HE	AL	FH	AND	MENT	AL

DEPARTM HYGIENE

13	OS ATE REGISTRAR			CERTIF	CATE OF D	EATH	3 / REG.	NO. 3	4 9	2
	CEASED NAME FIRST		MIDDLE	t/	0		20. DATE OF DEATH	MONTH I	DAY YEAR	26 HOUR
3. SE.	Emm F	4. RACE	U.	5. DATE O	F BIRTH DAY	YEAR 98	6 AGE (IN YEARS LAST		IF UNDER I YEAR	OLZ-TM IF UNDER 24 HRS. HOURS MIN.
7a. Bi	RTHPLACE (STATE OR FOREIGN	USA	WHAT COUNTRY?	8	DEVERM		BALTIMORE CITY Carro	OR COUNTY		MD
We	estminster	Westm	HOSPITAL, NURSIN H FACILITY, GIVE STREET LINSTER	Nurs:			120 USUAL OCCUPA (TYPE OF WORK FOR MOS homemal	OF WORKING LIF		e BUSINESS OR
Illan S			13c. CITY OR TOW Finks	N 1		NO 🔀	13e STREET ADDRESS Patapso		210	048
		or ge	Spence		J	ane	Eli	zabeth		ior
- (VAS DECEASED EVER IN U.S. AR res, no or unknown) (IF yes, GI DO na	MED FORCES?	212-74		7 How	ard E	ksburg, ADQ vans, 183	10s. 21	.048 1 West	minster
	PART I. DEATH WAS CAUSE IMMEDIA Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (1)	DUE TO, OI	R AS A CONSEQUE	NCE OF	NOT RELATE	S THE TERM	INAL DISEASE OR CO	NDITION CIV	FN IN PART I	days
CERTIFICATION	ASCUD 5	OCVA	Oxalge TION FOR WHICH	eler 1	ndlete	v	200 AUTOPSY?	20b IF YES	, WERE FINDIN YING CAUSES	NGS USED
MEDICAL CER	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. LIFETHER NOTIFY MEDICAL EXAMINED 21d. INJURY OCCURRED WHILE AT WORK AT WORK	2 le PLACE	M. MONTH DA M.	19	211 LOCATION STREET		RED (ENTER NATURE OF IN		COUNTY	STATE
	270. I certify that (I) (this haspi saw the deceased alive an above (I) well dish (did no 27b SIGNATURE	ital) attended the	e deceased from	- 7 , an	EGREE		death accurred an the			
	22d PHYSICIAN'S AVAME (TYPE OF	Baker			ZZE ADDRESS	muste	140 Ullag	CR1	-6116	
- (URIAL, CREMATION, REMOVAL	12/2	28/87 P		METERY OR CI	me ter	-		Carro	
RO	NERAL DIRECTOR 412	la shing	ton Rd.	inst	er MD		E REC'D. BY REGISTRA	R 256. REGISTI	RAR'S SIGNAT	URE

DHMH - 16 60M 7/84 (VRA 15, 4)

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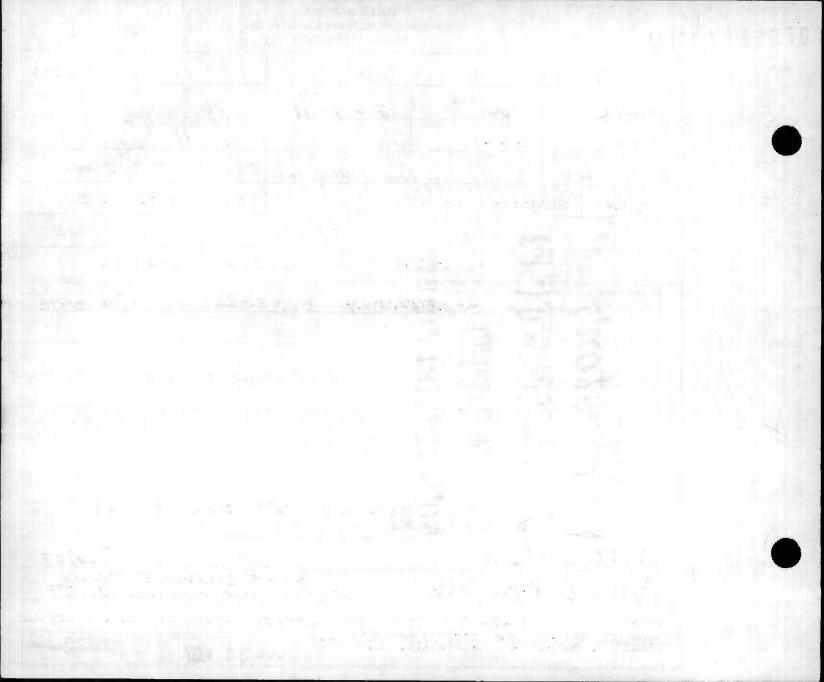
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STATE	OF	MARYLAND	
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e 4 mo, te			nest	DAGE	/ hite	5. DATE (OF BIRTH 19EA		DAIL OF DEATH	MON	VEAR S 7 UNDER 1 YEAR WITHS DAYS	26 HOUR 22-03 M IF UNDER 24 HRS HOURS MIN.
rer death Pag	Ma	RTHPLACE (STATEORF		U.S.A.	WHAT COUN	MARRIE WIDOWE		D	BALTIMORE CITY O	Cour	1/4	MD OF BUSINESS OR
MARYLAND 21201 ed within 2 chars off mplerely filled ond 2 shorty enginermyst	13a l		NG HOME OR OTH 13h COUNTY Montg	COLSO!	Count	BEFORE ADMISSION	13d INSIDE CITY LIMI	ITS?	TOOK		208	
m 3 87	160	Addison Addison NAS DECEASED EVER YES, NO OR UNKNOWN)	IN U.S. ARME	D FORCES?		SECURITY NO. 6-0156	Elizab II INFORMANT Dorothy J	eth	ADDRE	ss e as #1		ssey
DS, 201 W. PRESTON ST., BALTIMOR Juires that the death certificate be exerted by the ottending physician and ten please remove carbonpapers. Page o burial, cremation, ar removal. Jury, or other traumatic eventy he medic	Z	Canditions, if any, gave rise to imm cause (a), statin underlying cause	which ediate g the lost.	DUE TO, O	RESI OR AS A CONS	SEQUENCE OF	RY DI		AL DISEASE OR CONI	DITION GIVEN	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA 2 DAYS IVEN IN PART 1:0	
DIVISION OF VITAL RECORDS, 201 ING PHYSICIAN. The low requires th category physicion. The this certificion has been signed it as the buriol-transit permit. Then plea th and Mental Hygiene prior to buriol, orked or fem 18 shows any injury, or	AL CERTIFICATION	71a, ACCIDENT WAS UNE	DERLYING CAUSE OF DEATH	216 TIME C	OF INJURY .M. MONTH	HICH OPERATION	N WAS PERFORMED		200 AUTOPSY? YES NO NO NOTE: NO	206. IF YES, WIN CERTIFYIN YES [NG CAUSES	
OR A OF IS	MEDICAL	(IF EITHER NOTIFY MEDIC 71d INJURY OCCURF WHILE NOT WH AT WORK AT WO 22a certify that (I) sow the decease	RED (this hospital)	21e PLACE (AT HOME ST	ne deceosed f	FFICE FARM ETC)	211 LOCATION STREET 2-3, 19 and that in (my) (our) at	81	to DEC	25. 19.		state that (I) (we) lost couses stated
HOSPITAL OR AI nined by the hoss FUNERAL DIREC sould be detoched in the State Dept.		270 PHYSICIAN'S NA	ZR	مما	olter deafh.	>	27e ADDRESS 5	Z4-6	MEDICAL STAF	ORE	12/20 BLV	0/87
BP	В	BURIAL, CREMATION,		12-29.		Fort L	incoln Come	tory etery	Brentwo	ood P	OCHTY	Maryland
DHMH - 16 60M 7/B4 (VRA 15, 4)	/4 Lb	Donald V.	Börgwar	at 1	Beitsvi	Jie, Ma	20705	DEC	3 1 1987	J. Lia	Carden	Londoll



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STATE OF MARYLAND

23c. NAME OF CEMETERY OR CREMATORY

Nov. 30, 1987 Lutheran Cemetery

DHMH - 16 60M 7/84 (VRA 15, 4)

0

24 FUNERAL DIRECTOR Owings Mills. Md.

23a BURIAL CREMATION REMOVAL

Burial

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Reisterstown, Balto., Md.

26 HOUR

12b. KIND OF BUSINESS OR

21136

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

6 months

STATE

YES T

COUNTY

22c DATE SIGNED

11/27/77

Heavy Equipment

IF UNDER 24 HRS

IF UNDER I YEAR

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executed within 24 hours after death. Page 4

death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the

retained by the haspital ar attending physician.

BP.

and ca

IMPORTANT: If Item 21 is marked ar Item 18 shaws any injury, ar ather traumatic event, the medica TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO	5	4	9	5
REG. NO				

REGISTRAR		CERTIF	ICATE OF DEATH	REG. K	0 2 6	1	0
PRECEASED NAME FIRST	MIDE	DIE t.	AST	20 DATE OF DEATH	MONTH DAY	-	26 HOUR
BERTHA	L	. SHANA		12	~ 27-	87	2316M
3 SEX	4 RACE WH	TE S. DATE C	P BIRTH DAY YEAR	6 AGE IN YEARS LAST BE		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
TEMALS	· ·	- 4	13 05	83	L YRS		
TO BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WH	HAT COUNTRY?	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY O	FDEATH	
MARYLAND	U.S.	A- WIDOWE		LARROL	7 70	UNI	Y MD
10 CITY OR TOWN OF DEATH		SPITAL, NURSING HOME O	R OTHER INSTITUTION	120 USUAL OCCUPAT		126 KIND O	OF BUSINESS OR
WSSIMINSIER	LARRO	L COUNT	(JENERAL	AT	Jomes		
UAL RESIDENCE (IF NURSING HOME OF THE LITTLE STATE	JNTY 13	CITY OR TOWN	134 INSIDE CITY LIMITS?	130 STREET ADDRESS	/ ZIP CODE	. 1	21103
FATHER'S NAME	RROLL	IANCHESTER	YES NO M	WE 221P1	المراب	700	LANS
HENRY	WIDDLE	JERKE	NELL:	MIDDLE		COF	Bin
160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 16	SOCIAL SECURITY NO.	17 INFORMANT	ADDR	ESS		
NO NON THE STATE OF THE STATE O	THE WAR ON DATES!		FAMILY	RECORD	S		
I CAUSE OF DEATH (Enter	only ane couse per lin	e far (a), (b), and (c),(BETWEEN	MATE INTERVAL ONSET AND DEATH
PART I. DE ATH WAS CAUS	ATE CAUSE (a)	ARDIO DU	LMONAR	4 ARRE	27	Lanu	Mour
		AS A CONSEQUENCE OF					
Conditions, if any, which	(16)	SA CONSCOUNTED OF					
gave rise to immediate	DUE TO OR A	S A CONSEQUENCE OF					
underlying couse last.	(6)	IS A CONSCOULAGE OF					
PART 2 OTHER SIGNIFICANT	CONDITIONS CON	TRIBUTING TO DEATH BUT			IDITION GIVEN	IN PART III	0
NO	Cerebose	volsenlow	(assid	les			
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITIO	ON FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, V		NGS USED OF DEATH?
111				YES NO	YES	_	NO [
210. ACCIDENT WAS UNDERLYING	216. TIME OF II	MONTH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	JRY IN ITEM 18 PART	1 OR PART 2)	
OR CONTRIBUTING CAUSE OF D	HIAS	19					
(# EITHER NOTIFY MEDICAL EXAMIN	21e PLACE OF	INJURY	211 LOCATION STREET	CITY OR 1	OWN	COUNTY	STATE
AT WORK NOT WHILE AT WORK							
22a.1 certify that (1) (this has	. ~		-(7-, 1987		27- 19	-	that (I) (we) last
sow the deceased plive of above, (1) (we) (did) (did-	not-view the body of	- I y or	nd that in (my) (our) opinion	death accurred an the c	late and hour a	nd from the	couses stated
226. SIGNATURE			DEGREE	11501511		22 DATE	SIGNED
Chillech	M Mbe	apaury	HO PHYSICIAN E	DIRECTOR PHYSI		114	27/87
224 PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS	of a D of	(Day)	21/20	2000
CHTRACHI	=DA N V	MINNA	100x	ock rel	O TON I	Mark In	41 (DAIL
230 BURIAL, CREMATION, REMOVA	AL 236. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
BURIAL	12 30	1987 PARK	Door	PARKY.	WE BE	W. M	BRYLAND
24 FUNERAL DIRECTOR		8800 HAR		TE REC'D. BY REGISTRAL	251.RE	SENERAL PROPERTY OF THE PERSON	TURE
SVADS CHAR	251 MEM	Ismariss	ROSO ULU	2 1 1301			

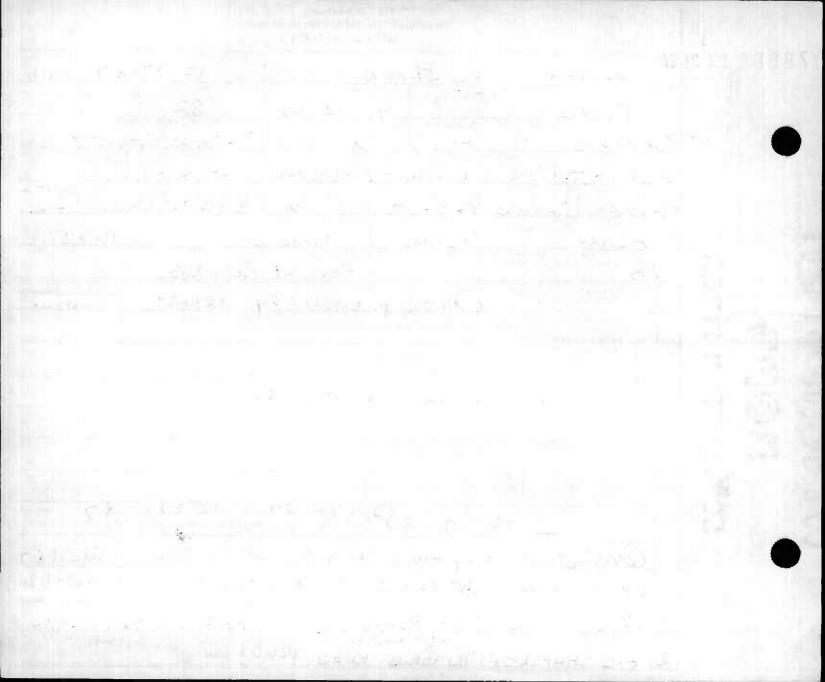
DHMH - 16 60M 7/84

thould be filed within 72 hours after death

Palitical to filed within 72 hours after death

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(VRA 15, 4)



DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO 2n DATE OF DEATH DECEASED NAME MIDDLE (TYPE OR PRINT) Shipley 5 DATE OF BIRTH BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? I STATE OR FOREIGN MARRIED NEVER MARRIED DIVORCED WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION DIRE OF WORK FOR MOST OF WORKING LIFE (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 13e STREET ADDRESS ZIP CODE 36 COUNTY 13d INSIDECITY LIMITS? Currol NO [15. MOTHER'S MAIDEN NAME FATHER'S NAME MIDDLE ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES GIVE WAR OR DATES) I YES. NO OR (NKNOWN) 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ic PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF couse (a), stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206 IF YES, WERE FINDINGS USED 20a AUTOPSY? 19g DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) 210 ACCIDENT WAS UNDERLYING 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M LIE FITHER NOTHEY MEDICAL EXAMINER) 21f LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY ö CITY OR TOWN (AT HOME STREET FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a I certify that (1) (this hospital) attended the decaased from_ sow the deceased al and that in (our) apinion death occurred on the date and hour and from the causes stated DEGREE STAFF ATTENDING PHYSICIAN DIRECTOR PHYSICIAN rman Geldstein ld b

STATE OF MARYLAND

23c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL

26 HOUR

126 KIND OF BUSINESS OR

16 crows

STATE

IF UNDER 23 HRS

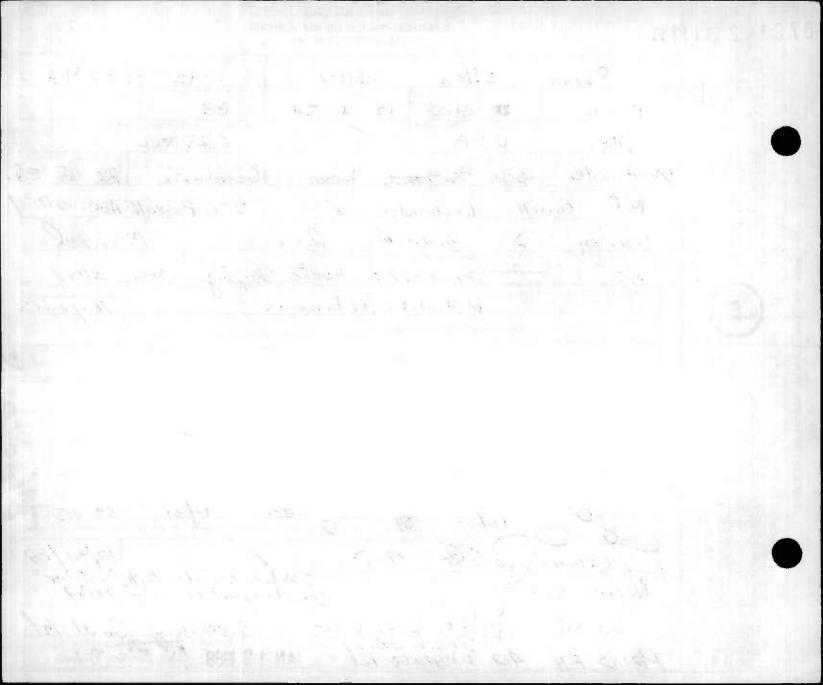
IF UNDER I YEAR

INDUSTRY

YES [

COUNTY

22 DATESIGNED



TO FUNERAL DIRECTOR, After this sertificate has been signed by the should be detached for use as the buriol-transit permit. Then please retta with the State Dept. of Health and Mental Hygiene prior to buriol, crimating PORTANT: If Hem 21 is marked or tem 18 shows any injury, or other tra

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or offending physician.

BP.

DHMH - 16 60M 7/

(VRA 15, 4)

753

FOR - STATE STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEL
CERTIFICATE OF DEATH

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EATH	2 /	· ·	6.3		
LATI		DEC NO			

1110		REGISTRAR					REG. N	O				
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	3. SEX		RACE)	5. DATE O	F BIRTH DAY YEAR	6. AGE (IN YEARS LAST BIR	THOAT) F UNDER	DAYS HOU	NDER 24 HRS		
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in.		AS DECEASED EVER IN U.S. ARM	MED FORCES?	166 SOCIAL SEC	CURITY NO:	17 INFORMANT		Waverley				
2		No	WAN ON DATES,	220-28-	-7418	Glenn W. St	norb Freder	rick, Md.	21701			
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9	CERTIFICATION	190 DATE OF OPERATION	196 CONDIT	ION FOR WHIC	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE IN CERTIFYING O YES	AUSES OF D			
9		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF HOUR A.M P.M	MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF IN H	JRY IN ITEM T8 PART T OR	PART 2)			
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		270.1 certify that (1) (this haspital) attended the deceased from 9 13 19 8 (- , ta 12 12 , 19 8 7 , that (1) we) last saw the deceased alive on 12 0 19 8 7 , and that in (my) (aur) apinian death accurred on the date and have and from the couses stated above (11) (we) (did) (did nat) view the body after death										
		226. DATE SIGNED ATTENDING APPLICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 12/14/8										
		224 PHYSICIAN'S NAME (TYPE OF	PRINT)	Sord	MNO	DE ADDRESS	utur.	PINZA	Collin	W 8113		
1	23a. 8	BURIAL, CREMATION, REMOVAL SPECIFY BURIAL	23b. DATE			emetery or crematory Olivet	Frederication	ok Fred	erick,	Md.		
	24 5	JNERAL DIRECTOR	Dec.15	17701	PIG.		TE REC'D. BY REGISTRA	Jan projetavaje	CLOSIATION			
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6	oge 3 death		CEASED NAME Charle	FIRST ST	Shu	e. Sr.	l	AST		20 DATE OF DEATH	12/3	1/87	26 HOUR 1207 am
6	ge 4 may be ector. page rs after deat	3. SE	×	1	RACE		S. DATE O	DF BIRTH	US-	6 AGE (IN YEARS LAST BIR	THDAY YRS	MUNDER : YEAR	IF UNDER 24 HRS
à	funeral dire		IRTHPLACE (STATE OR F COUNTRY) Marylan		CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER A	MARRIED	P BALTIMORE CITY C	R COUNTY	OF DEATH	MD
103	by the full with filled with	10 C	estminster,	MD		HOSPITAL, NURSING HEACHITY, GIVE STREET		HOSE	O.	170 USUAL OCCUPAT LYPE OF WORK FOR MOST O			OF BUSINESS OR
AND 212	filled in nould be	13a	AL RESIDENCE (# NURS	136 COUNT		13 CITY OR TOW		13d. INSIDE C	ITY LIMITS?	13e STREET ADDRESS		rive	21074
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TIMORE	on ond cost of seeding of the seedin		WAS DECEASED EVER YES, NO OR UNKNOWN] NO		ED FORCES?	216-10-14	98	Mrs.		n Shue, H		ead.	Md.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	or the death certificate for the chiending physics seremore colloon paper cramation, for removal, physics of controls physics		Conditions, if ony, gave rise to imm couse (o), stofin underlying cause	MAS CAUSED IMMEDIATE which nediote g the	DUE TO, O	Cardis R AS A CONSEQUER AS A CONSEQ	pulso PUCE OF Vasc	way	arre	ent.		BETWEEN	(MATE INTERVAI ONSET AND DEATH
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	Spital or CTOR. A for use of Heal		27a I certify that (I) sow the decease above, (I) (we) (A	ed olive on_	0	19_		nd that in (my)	(our) opinion	to death occurred on the d			that (I) (we) last couses stated
	TAL OR yy the ho detoched detoched hate Dept.		27b. SIGNATURE	1/3	KI	RK				MEDICAL STA		27c DATE	SIGNED
	d by d by de Store Store Store		224. PHYSICIAN'S N	AME (TYPE OR F	RIDIN)			22e ADDRES	5				

DHMH - 16 60M 7/84

BP.

(VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL
SPECIFY
Burial
24 FUNERAL DIRECTOR Elîne Funeral Home, Hamsptead, Md.

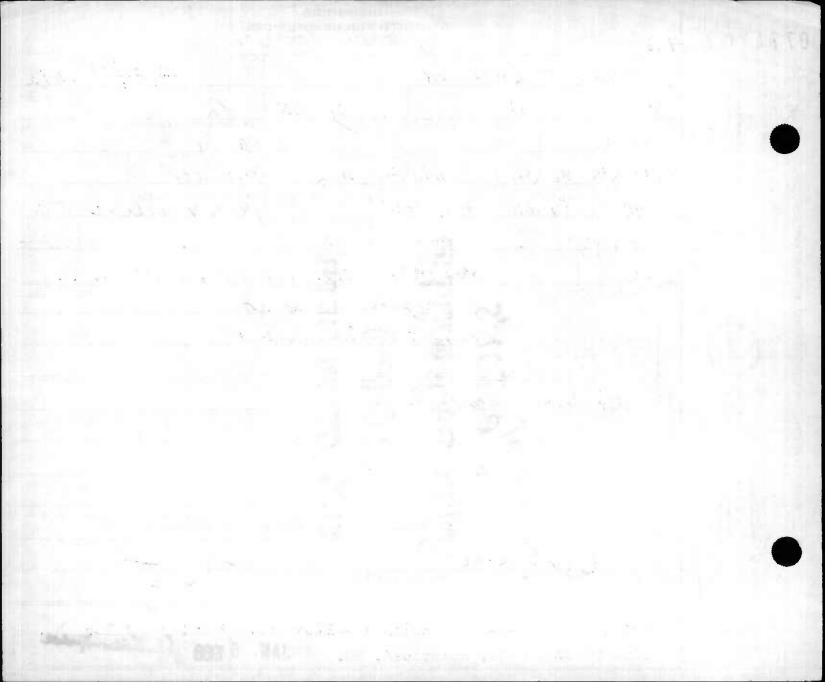
1-4-88

236 DATE

234 NAME OF CEMETERY OR CREMATORY 236 LOCATION CITY OR TOWN

COUNTY STATE Md

Dulaney Valley Mem. Timonium Balto Pregistrar Sign Per By Registrar 250 Date Reco By Registrar 250 Page 1988



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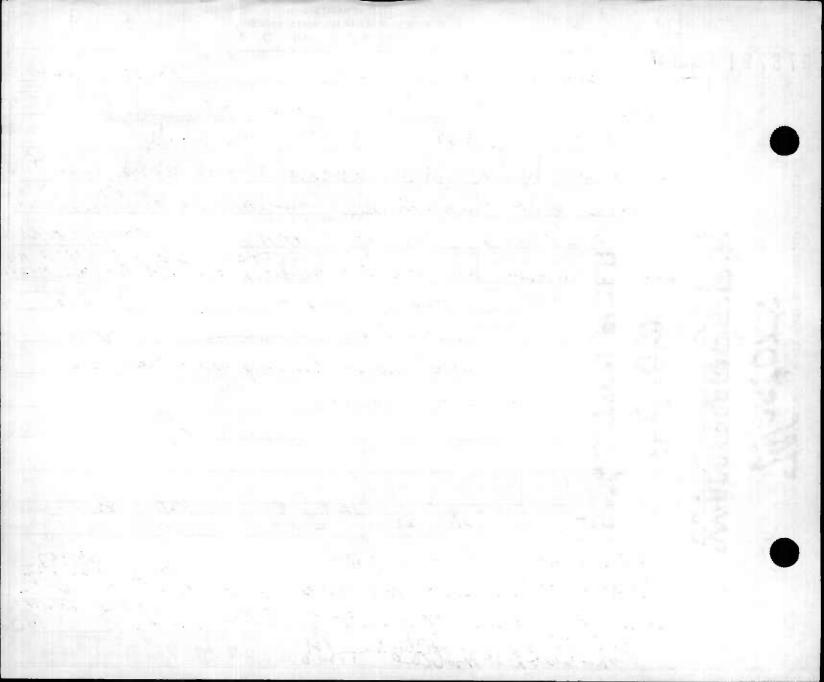


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(VRA 15, 4)

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STATE OF MARYLAND



		500	STATE OF MARYLAND	4			
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075802 DEC:		GEASED NAME FIRST RHOI	NEO. NO.	DAY YEAR 26 HOUR			
w 2, 3 o ≥		E OR PRINT)	VIRGINIA LAMBERT SMITH OF ESTI- DEATH MATED 12	-12 1987 2000			
FILES	3. SEX	4. RACE 5. D	ATE OF BIRTH 1 898 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 24 DATE MONTH	DAY YEAR 2d. HOUR			
FECESSARY, PLEASE PRAIDIRECTOR. FOR YOUR FILES. PAESTON STREET,	FI	EMALE WHITE "	DNTH DAY LAST BY HOAY) MONTHS DAYS HOURS MIN. PRONOUNCED DEAD 12-	13-1.87 1445			
SSAR	7a. BI	RTHPLACE (STATE OR 76 C	CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTRY				
	M	ARYLAND U	NITED STATES WIDOWED DINORCED CAR	ROLL MD.			
SE SE SE	10. CI	TY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING (IFE)	126. KIND OF BUSINESS OR INDUSTRY			
\$0 &	TA	NEXIOWN	41 YORK STREET Seamstress	Sewing Factory			
C E A C B	USUA 13a. S		ER INSTITUTION, GIVE RESIDENCE BÉFORE ADMISSION) 134. (CITY OR TOWN 134 INSIDE CUTTIMITS? 136. STREET ADDRESS				
21201 F AND SHOUL	MI	3 1-1/19/0 CALL	DLL TANEYTOWN YES OF NO [4] YOZK S)	(21787)			
9 5000	14. FA	ATHER'S NAME PIRST MID		LAST			
# 5000	16a V	Harry VAS DECEASED EVER IN U.S. ARMED I	CONCECT IN COCIAL SECURITY NO. 117 INSCORMANT ADDRESS	emaker			
# E2007	(YE	ES, NO, OR UNKNOWN) (IF YES, GIVE WAR O	FORCES? - 180. SOCIAL SECURITY NO. 17 INFORMANT 1332 Pleasant Value 199-24-9202 Scott Smith / Westminster, Mc	alley Rd.			
PAC ONTE		18. CAUSE OF DEATH (Enter only one		1. 21157			
ON ST.		PART I DEATH WAS CAUSED BY:	ALUTE IDODINI WYLECT	BETWEEN ONSET AND DEATH			
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		Canditions, if any, which gave rise to immediate	6 CONGESTIVE HEART FAILURE	2. YEARS			
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E 000000	N -		(c)				
DIVISION OF VITAL RECORDS, 30 S CERTIFICATE SHOULD BE EXECUTION THE WORD "PENDING" IN ROBD TO THE CHIEF MEDICAL E. E. 3 SHOULD BE USED AS A BURN. E. DEPARTMENT OF HEALTH AND A PRIORTO, DURING THE CREMATION, O	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g).				
I RECORDS ULD BE EX ULD BE EX "PENDING EF MEDIC, SED AS A BE HEATTH A CREMATIO	CERTIFICATION	19a DATE OF OPERATION	19% CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?			
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ATE, TORVER P.			he remains cribed above, held on Autopsy , Inspection , Inquiry , and in my a	pinion			
AND THE PROPERTY OF THE PROPER		death resulted from: Natural ca	uses Accident , Suicide , Homicide , Undetermined monner ,				
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TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORE TO FUNERAL DIRECTOR. PATER DEATH, WITH THE SI BALTIMORE, MARYLAND, 21	23 a. Bi	(TYPE OR PRINT)	ATE 236, NAME OF CEMETERY OR CREMATORY 23d LOCATION	L INH FALLIO			
BP	(5	PECIFYI .	CITY OR TOWN COU	Maryland STATE			
DHMH - 17		JNERAL DIRECTOR	36 E. Baltimore St. 1250 DATE REC'D. BY REGISTRAR 1250 REGISTRAR'S	4			
(VR A15 ME (5)) 15M 7/77	S	kiles Funeral Home	e/Taneytown, Md.21787 DEC 17 1987 July Diridon	N. Gradalli			

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH GISTRAR DECEASED NAME 20 DATE KNOWN 5 26 HOUR (TYPE OR PRINT) OF ESTI-19 0 0016 IF UNDER 1 YR IF UNDER 24 HRS DATE ST BIRTHDAY) PRONOUNCED DEAD I BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED .S DIVORCED KIND OF BUSINESS 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Westminster 30 Locust Street Apt USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Maryland Carroll 30 Locust Street Apt 134 INSIDE CITY LIMITS? Westminster YXX 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Katherine Floyd Frank 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Sowe 30 (YES, NO. OR UNKNOWN) Locust Street 231-18-4551 Morton W. No CAUSE OF DEATH (Enter only one couse per ling for (o), (b), and (c). CAL EXAMINER ALONG W BURIAL - TRANSIT PERMIT. AND MENTAL HYGIENE, D RECORDS, 201 W. PRESTON ST PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) USED AS A E CERTIFICATION SHOULD DED TO THE CHIEF ASSED OF PERSON DE USED OF PERSON DE USED OF PERSON DE SE PERSON DE P 19e. DATE OF OPERATION 19h, CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO . 71a EXTERNAL CAUSE WAS 21h. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN 17EM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 714 INJURY OCCURRED 21e PLACE OF INJURY (ATHOME, PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 SI AFTER DEATH, WITH THE STATE DEP BALTIMORE, MARYLAND, 21201, PR 21f LOCATION AT WORK AT WORK STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection death resulted from Undetermined monner ACTUAL SIGNATUR EXAMINER'S NAME TYPE OR PRINT 23g. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Westminster Burial 12-22-87 Meadow Branch Carroll Md. 07/84 BP UNITRAL DIRECTOR Thomas Das Fletcher & Son F 254 East Main St. **DHMH - 17** (VR A15 ME (5))

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FOR

REGISTRAR

Burial

D.D. Hartzler

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84

(VRA 15, 4)

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Mt. View Cemetery

ADOUTION Bridge, M

REG. NO

26 HOUR

12 KIND OF BUSINESS OR

IF LINDER 24 HRS

IF LINDER I VEAR

INDUSTRY

Green

YES [

Union Bridge Carroll

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

COUNTY

Davidson

22c. DATE SIGNED

OWN HOME

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Wallev Rd.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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DHMH - 16 60M 7/84 (VRA 15, 4)

FOR - STATE REGISTRAR DECEASED NAME George

male

Un STATE

MEDICAL

Myd 14 FATHER'S NAME C.W.

TO BIRTHPLACE ISTATE OR FOREIGN

USUAL RESIDENCE (IF NURSING HOME OR OTHER INST

60 WAS DECEASED EVER IN U.S. ARMED FOR

Vincent J.

23a BURIAL CREMATION, REMOVAL

Burial

(SPECIFY)

24 FUNERAL DIRECTO

18 CAUSE OF DEATH (Enter only one cou PART I. DEATH WAS CAUSED BY:

Maryland IO CITY OR TOWN OF DEATH

(YES, NO OR UNKNOWN)

No

3. SEX

ARL

136 COUNTY CARROL

Fiocco MD

12-28-87

	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE / REG NO.	5 0 7
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ARL.	IAI	Suchting	12-2	4-87. 1940 PM
	RACE .	5. DATE OF BIRTH		EUNDERTYEAR IF UNDER 24 HRS
	whide	MONTH DAY YEAR	86 YRS 1	ONTHS DAYS HOURS MIN.
REIGN 7	L CITIZEN OF WHAT COUNTRY?	8 _ =	9 BALTIMORE CITY OR COUNTY	OF DEATH
	U.S.A.	MARRIED NEVER MARRIED WIDOWED TO DIVORCED	CARROLL CO	MD
TH 1		G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
OR (CARROLL CO GEN	prol. Dospital.	Banker	Capall Co.
CARR			130 STREET ADDRESS / ZIP CODE	21157
		nting Emma	WIDDIE	Asendorf
	MED FORCES? 166 SOCIAL SECU WAR OR DATES! 213-05-		Langdon Manci	The second of th
	y ane cause per line far (a), (b), and	d (cr		BETWEEN ONSET AND DEATH
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				ING CAUSES OF DEATH?
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AL EXAMINER)	P.M.	19 211 LOCATION		
	(AT HOME STREET FACTORY, OFFICE, F		CITY OR TOWN	COUNTY STATE

PHYSICIAN DIRECTOR PHYSICIAN

23d LOCATION

8 Anchor Street, Westminster, Md

Woodlawn

250 DATE REC'D BY REGISTRAR 250 REGISTRAL 2 SIGNALDREAM

Baltimore Md.

IMMEDIATE CAUSE DUE Canditians, if any, which gave rise to immediate cause (a), stating the DUE underlying cause last PART 2 OTHER SIGNIFICANT CONDITIO CHRONIC OBSTRUCT 190 DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING 21b. T OR CONTRIBUTING CAUSE OF DEATH HOL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e P (AT HC NOT WHILE 12/34 1987 that (1 (we) last 220.1 certify that (1) (this haspital) attended the deceased fram 241987 saw the deceased alive an abave, (1) (we) (did) (did not) view the bady after death and that in (my) (aur) apinian death accurred an the date and have and from the causes stated 226. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL ATTENDING STAFF

22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY

Son F

Lorraine Park

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STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH O CHGISTRAR DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH CTYPE OF PRINTS 3 SEX 5. DATE OF BIRTH AGE TIN YEARS LAST BIRTHDAYS IF : INDER I VEAD MONTH 70. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED more MI DIVORCED 126 KIND OF BUSINESS OR INDUSTRY 1 13e STREET ADDRESS / ZIP COD 13d INSIDE CITY LIMITS? 6813 umbia YES T NO ames herine 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT CAUSE OF DEATH Enter only one couse per line fa APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 Canditions, if any, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN PART THE CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS OF DEATH? 200 AUTOPYY NO YES [NO [210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY AT WORK NOT WHILE STREET STATE AT HOME STREET, FACTORY, OFFICE, FARM ETC } Me deceased from and that in (my) (our) opinion death accurred an the date and have and from the causes stated ment be body ofter death 726 SIGNATUR DEGREE 22c DATE SIGNED ATTENDING , PHYSICIAN D 230 BURIAL CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY CATUNSVILLE

GISTRAR 256/REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

11-27-1987

Charles W. Burrier, Jr., Sykesville, Md.

Burial

24 FUNERAL DIRECTOR

BP

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

St. Louis

Clarksville . Howard .

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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	PE OR PRINTI	FIRST (NA	NE)	Weems	20 DATE OF DEATH MONTH	87 0059
3. 56	Dewey	4. RACE		DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HR
	Mole.	Who	to 17	D8 - 01 - 1898	99 YRS	MONTHS DAYS HOURS MIN
77 76. E	BIRTHPLACE (STATE OR FO	REIGN 76 CITIZEN	OF LUBERT COUNTRYS IS	ARRIED NEVER MARRIED	BALTIMORE CITY OR COUNT	Y OF DEATH
M	country)	USA		DOWED DIVORCED	Carroll	,
10 0	ITY OR TOWN OF DEAT		OF HOSPITAL, NURSING HO	OME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS (
UW	estminster	Carr	1100	neral Hospital	Farmer	Farming
130		GHOME OR OTHER INSTITU 36 COUNTY	13c. CITY OR TOWN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP COE	9999
/ 13.F	ATHER'S NAME		1-14110-301113	15 MOTHER'S MAIDEN NA		1
OVI	ames Öliver	Weens	LAST	Mary L. Han	C6	LAST
_	WAS DECEASED EVER IN	N U.S. ARMED FORCE		NO. 17 INFORMANT	ADDRESS	
/ 160 N	(YES NO OR UNKNOWN)	NA OR DATE	None	Robert Weem	s, Box 1, Port R	epublic, Md.
'	PART I DEATH WA	I Enter only one coust AS CAUSED BY:	per line for 101, (b), and ici	11. 10= 400 01	= =	
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	Conditions, if any, gave rise to imme cause (a), stating underlying cause	MMEDIATE CAUSE (c which ediate the lost. IFICANT CONDITION	D. OR AS A CONSEQUENCE O. OR	OF OF TH BUT NOT RELATED TO THE TERM	NNAL DISEASE OR CONDITION G	Y DAYS
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BP. DHMH - 16 60M 7/84

(VRA 15, 4)

Burial Donald V. Borgwardt 24 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL

234. NAME OF CEMETERY OR CREMATORY 236 DATE 11-23-1987

23d LOCATION

Rt 264, Box 34B, Port Republic, Maryland 20676

Christ Episcopal Church, Port Republic, Calvert t
NOV 25 987 RAR 186 REGISTRAR 186 RE

12 Santa 1 4 SE 10 sees Oliver assess object wass, for t, fort republic, Md.

Heri-Jergin . do gasente Jergin . dore Republic, hargiant 20576 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician should be detached far use as the burial-transit permit. Then please remove carbon papers. Ewith the State Dept. of Health and Mental Hygiene prior ta burial, crematian, or removal.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

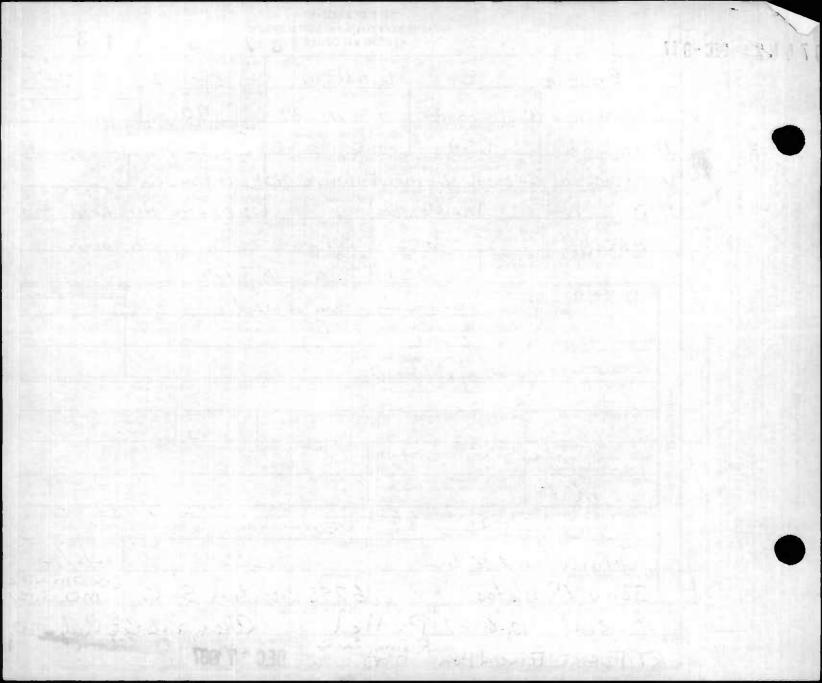
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-84	1- 87	FOR STATE REGISTRAR	DEP		EALTH AND MENTAL HYGI ICATE OF DEATH	ENE RES NO	5 5	1 3	
	ITYPE	CEASED NAME FIRST BESSIE	MIDDLE	W	harton	To DATE OF DEATH Dec.	MONTH DAY	87	HOUR 7P M
	a Bil	Female C	LA UCAS IA	ITRY? 8.	DAY YEAR	6 AGE (IN YEARS LAST BIR 9 0 9 BALTIMORE CITY O	YRS	HS DAYS HO	UNDER 24 HRS
	1	naryland	NAME OF HOSPITAL, NI	MARRIEI WIDOWE URSING HOME C	DIVORCED DIVORCED	PARTO 12a USUAL OCCUPATI 1TYPE OF WORK FOR MOST O	11 Co	21 KIND OF BU	MD USINESS OR
75	USUA 130. S	AL RESIDENCE (IF NURSING TO ME OR OTHER	arroll L. ER INSTITUTION GIVE RESIDENCE 131, CITY OR	DEFORE ADMISSION		1 HOUSE 13e STREET ADDRESS	WIRE	211	360
3)FA	THERS NAME LARRY MIDD	and the same of th	wes	15 MOTHER'S MAIDEN NAM	AE MIDDLE	Ti	linan	, ma,
1		VAS DECEASED EVER IN U.S. ARMED YES, NO OR UNKNOWN) (IF YES, GIVE WA	FORCES? 166 SOCIAL	SECURITY NO. 32-4191	audrey for	ADDRE BLORD RN	Ss		
		18 CAUSE OF DEATH (Enter only or PART I. DEATH WAS CAUSED BY IMMEDIATE CA	AUSE 10) Casa	iozenla	mary are	est		APPROXIMATI	T AND DEATH
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONS	A	V				
	NOI	PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING	S TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CONI	DITION GIVEN I	IN PART Tra	
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/ //	MEDICAL CE	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCURRI	ED (ENTER NATURE OF INJUS	TY IN ITEM 18 PART I	ORPART 2)	
	MED	21d INJURY OCCURRED WHILE NOT THE TANKORK	21e PLACE OF INJURY		211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		220.1 certify that (1) (this haspital) saw the deceased glive on abave (1) (we) (did) (did not) vis	11 3 4	19.87, or	od that in (my) (aur) apinion d	eath accurred on the de	ite and haur and		
1		TAL PHYSICIAN'S NAME TYPE OR PRI	rheleto		ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAF		12/2/ West	187 MINTER
1 2		SURIAL CREMATION, REMOVAL 2.	12-6-87	23c NAME OF C	6256 CYDS	23d LOCATION PRITY OR TOWN	hic.	MC	21157
/84	24 FL	UNERAL DIRECTOR OTHER PROPERTY OF THE PROPERT	10.0	Rising	Sura 250. DATE	REC'D. BY REGISTRAR	25beregistrar	SAIGNATHA	Pales

DHMH - 16 60M 7/84

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(VRA 15, 4)



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Buris . Logo. 29,1987 Roysville Union . Revolte Carroll Marris

ATTENDING PHYSICIAN: The low

etoined by the haspital or attending physician.

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executed within 24 hours ofter death. Page 4 may be

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	3. SE			RACE		5. DATE O		6 AGE (IN YEARS	LAST BIRTHDAY)	MONTHS DAYS	HOURS M
-	r	EMALE	1	UNITE		03	14 1914	73	YRS		
4		RTHPLACE (STATE OR COUNTRY)		CITIZEN OF WI	HAT COUNTRY?	MARRIED WIDOWE	NEVER MARRIED DI	Carrol		TY OF DEATH	
Ó		TY OR TOWN OF DE	ATH 11	. (IF NOT IN SUCH F	ACILITY, GIVE STREET	IG HOME O	OR OTHER INSTITUTION	12a USUAL OCC (1YPE OF WORK FOR housewi	UPATION MOST OF WORKING		of BUSINESS
6	13a S	AL RESIDENCE (IF NURS	136 COUNTY CARRO	11		AMMISSION)	13d INSIDE CITY LIMITS? YES NO X	13 STOTE ASA		DE 2 1	stmins
	14 FA	THER'S NAME	MID		t AST		15 MOTHER'S MAIDEN NA		DDLE		
. 0	2	Joseph	MID	DIE	Bentz		Rhea	MI	DDLE	Pool	le
		VAS DECEASED EVER			13-01-1	PPZYNA	17 INFORMANT	101	SMITH R	D.	
	- 1	YES, NO OR UNKNOWN)	(IF YES, GIVE W		*XXXXXXX	XXXXXX	Mary Ellen Sr		tminste		
/		18 CAUSE OF DEAT					<u></u>				MAATE INTERVAL ONSET AND US
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	ATION	PART 2 OTHER SIG	ng the e lost. NIFICANT CO	DUE TO, OR ICO	AS A CONSEQUE WITHER NTRIBUTING TO E	ence of <u>Death</u> but	NOT RELATED TO THE TERM	incree.	? 20b. IF Y	res, Were FINDII	NGS USED
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29		PART 2 OTHER SIG 19a DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING 11F EITHER NOTIFY MED 21d. IN JURY OCCUR WHILE NOT WAT WORK AT WO 220.1 certify that (1 saw the deceo- obove, (1) (we) (22b. SIGNATURE	INTERPORT OF THE PROPERTY OF T	DUE TO, OR A IC) NDITIONS CON 196 CONDITI 216. TIME OF HOUR A.M P.M 21e PLACE OF (AT HOME STREE) ottended the Discounting of the body of	AS A CONSEQUE WITH BUTING TO I ON FOR WHICH INJURY MONTH D FINJURY T. FACTORY, OFFICE F deceosed from	DEATH BUT OPERATION AY YEAR 19 FARM ETC)	NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCUR 21l LOCATION STREET 2 , 19	TO AUTOPS YES NO	? 20b. IF Y IN CER!	COUNTY 19 22. DATE	NGS USED OF DEATH? NO STAIL that (I) (we couses state
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DHMH - 16 60M 7/84 (VRA 15, 4)

FOR

D. D. Hartzler Union Bridge, MD

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